

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: October 14, 2020

Auditor Information

Name: Darlene M. Baugh

Email: piltsbaugh@gmail.com

Company Name: PREA Auditors of America, LLC

Mailing Address: 14506 Lakeside View Way

City, State, Zip: Cypress, TX 77429

Telephone: 713-818-9098

Date of Facility Visit: September 21 – 25, 2020

Agency Information

Name of Agency: Virginia Department of Corrections

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 6900 Atmore Drive

City, State, Zip: Richmond, VA 23225

Mailing Address: P.O. Box 26963

City, State, Zip: Richmond, VA 23261-6369

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

Agency Chief Executive Officer

Name: Harold Clarke, Director

Email: Harold.clarke@vadoc.virginia.gov

Telephone: 804-887-8081

Agency-Wide PREA Coordinator

Name: Rose Durbin, PREA/ADA Supervisor

Email: rose.durbin@vadoc.virginia.gov

Telephone: 804-887-7921

PREA Coordinator Reports to:

Jermiah Fitz, Corrections Operations
Administrator

Number of Compliance Managers who report to the PREA Coordinator:

3 Regional PREA/ADA Analysts, 40 PREA
Compliance Managers report to the Analysts

Facility Information

Name of Facility: Greensville Correctional Center

Physical Address: 901 Corrections Way

City, State, Zip: Jarratt, VA 23870

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.vadoc.virginia.gov (Search PREA)

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Larry T. Edmonds, Lead Warden

Email: larry.edmonds@vadoc.virginia.gov

Telephone: 434-602-3400

Facility PREA Compliance Manager

Name: Lane H. Talbott

Email: lane.talbott@vadoc.virginia.gov

Telephone: 434-602-3405

Facility Health Service Administrator N/A

Name: Dawn Evans-Goode

Email: dawn.evans-goode@vadoc.virginia.gov

Telephone: 434-602-3783

Facility Characteristics

Designated Facility Capacity:

3102

Current Population of Facility:

2912

Average daily population for the past 12 months:	2915	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-89; Average age is 40.4	
Average length of stay or time under supervision:	615.6 days	
Facility security levels/inmate custody levels:	2-3	
Number of inmates admitted to facility during the past 12 months:	1973	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1969	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1740	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	816	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	273	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	22	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	256	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	258	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	20 Buildings; 6 Towers
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	9 General Population Units; 1 Restrictive Housing Unit; 1 Infirmary
<p>Number of single cell housing units:</p>	1 (RHU)
<p>Number of multiple occupancy cell housing units:</p>	9
<p>Number of open bay/dorm housing units:</p>	1 (Infirmary)
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	192
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>19</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>6</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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.

Facility Mission Statement:

**“One Team – One Mission”
Modeling the Way Through the Power of Oneness**

“We enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in the 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.”

Audit Narrative

Auditor: Darlene Baugh
Facility Population: 2521
Cameras: 623
Employees: 922

The auditor arrived at the Greenville Correctional Center at 9:00 am on Monday, September 21, 2020. An entrance meeting was held shortly thereafter with the following present: Lead Warden Larry Edmonds, Senior Warden Darrell L. Miller Sr., Senior Warden Eric Aldridge, Assistant Warden Tracy Jarrell, Intelligence Unit Commander Brandon Batts, Personnel Assistant RaQuelle Hill, Institutional Investigator Tamika Brown, Operations Manager Robin Ramsey, Health Services Administrator Jeff Paul, Administrative Staff Specialist Senior/PREA Compliance Manager Lane Talbott, PREA/ADA Analyst Brian Schuyler and Auditor Darlene Baugh. The auditor shared her usual format for the Audit process, also sharing that she will work within the operational needs of the facility.

Greenville Correctional Center is a large compound made up of three (3) ‘clusters’, each identical to the other. Within each cluster is a support building and three housing units. A description of the facility is noted further in this report. In addition to the clusters there is a Restricted Housing Unit and an Infirmary.

The daily activities of the week included:

Monday, September 21, 2020

- Entrance Meeting

- A walk through of 'Cluster 1', also referred to as S-1. To include the Support Building (Visiting Room, staff offices, Watch Offices, Classrooms, Vocational Area, Staff Dining, Support Kitchen, Offender Dining Hall, Maintenance, Enterprise (Upholstery), Classrooms, gym)
- Housing Unit 1, 2, and 3.
- Main Kitchen
- Infirmary
- Interviews of Staff
- Interviews of Inmates

Tuesday, September 22, 2020

- Review of Inmates PREA Acknowledgement, Assessment and Reassessment in CORIS
- A walk through of 'Cluster 2', also referred to as S-2. To include the Support Building (Medical, Chapel, Library, Classrooms, Law Library, Staff Dining, Support Kitchen, Vocational Areas (Graphic Arts Shop, Horticulture), Inmate Clothing Room, Commissary, Enterprise (Wood Shop)
- Housing Unit 4, 5 and 6.
- Restrictive Housing
- Interviews of Inmates
- Interviews of Staff
- Mental Health Intake

Wednesday, September 23, 2020

- Review of Inmates PREA Acknowledgement, Assessment and Reassessment in CORIS
- A walk through of 'Cluster 3, also referred to as S-3. To include the Support Building (Vocational Area, Staff Dining, Support Kitchen, Offender Dining Hall, Maintenance, Enterprise (Furniture), Vocational, Classrooms, Library)
- Housing Unit 7, 8 and 9.
- Interviews of Inmates
- Interviews of Staff

Thursday, September 24, 2020

- Review of Personnel Files
- Review of Intelligence Unit Files
- Review of Training Files
- Interviews of Staff

Friday, September 25, 2020

- Interview of Warden
- Review of SIU Files (Special Investigative Unit)
- Exit Meeting

An exit meeting was held on September 25, 2020. Those present were Lead Warden Larry Edmonds, Senior Warden Darrell L. Miller Sr., Senior Warden Eric Aldridge, Assistant Warden Tracy Jarrell, Intelligence Unit Commander Brandon Batts, Institutional Investigator Tamika Brown, Operations Manager Robin Ramsey, Health Services Administrator Jeff Paul, Administrative Staff Specialist

Senior/PREA Compliance Manager Lane Talbott, PREA/ADA Analyst Brian Schuyler, Assistant Warden Cynthia Putney, Chief of Housing and Programs Timothy Puryear and Auditor Darlene Baugh. Attending by telephone were Gregory Holloway (Regional Operating Chief), Marcus Elam (Regional Administrator - Institutions) and Rose Durbin (PREA Coordinator).

During this meeting, the Auditor shared her appreciation of the assistance of the facility to make this audit move smoothly. Staff were professional and helpful with all inquiries.

Positive:

- Cameras in the housing units were placed well and covered the units.
- Inmate interviews showed nothing of concern for the auditor.
- Although the facility is large and run in “clusters”, there was complete consistency throughout the compound.
- Files reviewed (Human Resources, Training, Investigations (SIU and INTEL) were ‘impeccable’. The auditor was able to find all required material. Files were orderly and everything was present.

Suggestions:

- Adding cameras in the following areas: Maintenance, Entry of the Support Kitchens, Vocation Areas, Offender Clothing Rooms, Commissary, Staff Office Hallways.
- The Enterprise Areas have mirrors and cameras. This area is difficult due to its large size, tall ceilings, storage areas, however the auditor suggests reviewing these areas for additional coverage.
- The auditor suggested adding a mirror in the Infirmary Laundry which was completed within twenty-four (24) hours.
- The auditor also suggested adding a mirror in the library. This was completed in one library prior to the completion of the audit. The other two (2) libraries will be completed shortly.
- Within the Restrictive Housing Area, the showers were reviewed for privacy (as were all showers). The auditor suggested a privacy screen be placed in one of the showers. This also was completed immediately.

Comments:

- The auditor suggested that there be additional clarification to staff on the LBGTI communities. There was confusion.
- Staff were able to describe the facilities rules and processes for addressing PREA, showing a solid knowledge base.
- When staff were asked about who completes the PREA investigations, staff stated the facility PREA Manager first, then the SIU (Special Investigations Unit) and the INTEL Unit. The auditor stated that there needs to be clarification to staff that the PREA Auditor does not complete the investigations.

The auditor would like to thank all the staff members at this facility. It was a well organized audit and the auditor was made to feel welcome.

Pre-Audit Activities

Notice of PREA Audit:

The notice of the upcoming PREA audit was forwarded to the facility on February 25, 2020 to be posted at least six weeks prior to the on-site audit. The Auditor requested that the facility post the notices in areas where it would be visible to staff, inmates, contractors, volunteers, and visitors. At that time, the audit was scheduled for May 25 - 29, 2020. However, due to Covid-19, the audit was eventually rescheduled to September 21 – 25, 2020. The auditor requested that the facility repost the notices with the appropriate dates, which was completed and viewed during the on-site visit.

The purpose of the Notice is to allow any individual, including a third party, with a PREA concern or issue, to include an allegation of sexual abuse or sexual harassment, to correspond confidentially with the PREA Auditor.

The auditor received seven (7) letters from offenders as a result of that posting. The concerns were as followed: complaint regarding staff (still under investigation), sexual harassment regarding staff (investigation nearly complete), medical complaint (not PREA), complaint of another facility (unsubstantiated), complaint of fraternizing between staff and inmate, complaint of sexual harassment by staff (unsubstantiated), and a sexual assault complaint (unsubstantiated). Of the seven authors, the auditor met, discussed their concerns, and interviewed six (6). The seventh (7th) individual was no longer at the facility.

Note: Although the posted notices were up longer than the six (6) weeks required, the auditor found the updated postings were still on bulletin boards throughout the facility.

Pre-Audit Discussion:

Several conversations were held with the facility via email prior to the on-site visit, with the final conversation by phone being held on Friday, September 11, 2020.

Outreach to Outside Advocates:

On Friday, September 11, 2020, the auditor spoke with Ms. Reed Bohn at Action Alliance. This alliance group is part of a state coalition. As noted in this report, the Department of Corrections hold a Memorandum with this Advocacy Group to provide a telephone service for inmates to either report or hold support conversations with a counselor. As tested by the auditor, inmates can dial #55, option 1 to make a report or option 2 to speak with a 'live person'. Reports are forwarded to the facility. To ensure a confidential service, inmates can write to a P.O. Box. Option 2 can be utilized by inmates as often as they wish.

Ms. Bohn shared that if they get a call that is not PREA related, their staff provides contact information to inmates. She provided that the flow of information and advocacy works well.

Note: The auditor viewed the information on #55, throughout the housing units, painted above the telephones. She also utilized the phone to call #55 using both options.

On Wednesday, September 30, 2020, the auditor spoke with Jean Cheek, Coordinator of the Forensic Nurse Team at VCU Health System (Virginia Commonwealth University). Ms. Cheek stated that there are four (4) individuals certified as SAFE/SANE personnel on their team. To become certified individuals must completed forty (40) hours of training, additional specialized training, and on-the-job training for eight (8) months to one (1) year before being able to conduct the forensic exam on their own. The institutions may or may not call ahead to the Hospital to indicate they are coming. If they arrive without prior notice and a SAFE/SANE is not there, the inmate may need to wait two (2) to three (3) hours for a forensic nurse to be available.

On-Site Audit Activities

Site Review:

The auditor conducted a site review of the entire facility, along with Lead Warden Edmonds, Senior Warden Aldridge, Senior Warden Miller, Lane Talbott - PREA Compliance Manager, and Brian Schuyler – PREA ADA Analyst. The areas visited are noted under the daily schedule.

Selection of Staff and Residents for interviews:

Upon arrival at the facility, the auditor provided a random list of inmates to be interviewed. Staff were selected according to position.

Inmate Interviews: (50)

African American – 20

Caucasian – 5

Hispanic – 2

Asian – 2

Hispanic - LEP – 3

African American - Transgender – 3

African American – Transgender/Prior Sexual Abuse – 1

African American – Disabled/Prior Sexual Abuse/Gay/Mental Health – 1

Caucasian – Gay/Prior Sexual Abuse - 1

Caucasian – Bi-Sexual/Prior Sexual Abuse/Disabled/Cognitive – 1

African American – Bi-Sexual - 1

Caucasian – Bi-Sexual – 1

African American – Mental Health/Prior Sexual Abuse – 1

Caucasian – Mental Health/Disability – 1

Caucasian – Reported Sexual Abuse – 1

Caucasian – Hard of Hearing/Medical/Disabled – 1

Caucasian – Prior Sexual Abuse – 2

Hispanic – Prior Sexual Abuse – 1

African American – Cognitive – 1

Caucasian – Cognitive – 1

Refusals: 2

Staff and Volunteer Interviews: (30)

DOC - Corrections Operations Manager /Constituent Affairs /Legislative Team (Oversight for PREA) - 1

DOC - PREA/ADA Analyst - 1

Lead Warden – 1

Senior Warden – 2

Captain – 1

Lieutenant – 3

Sergeant – 3

Corporal – 1
Correctional Officer – 3
Unit Manager – 2
Mental Health Services Director – 1
Librarian – 1
Psychology Associate II – 1
Teacher – 1
Intelligence Unit Commander – 1
Hearing Officer – 1
Human Resources – 1
Counselor - 3
PREA/ADA Compliance Manager – 1
Special Investigations Unit (SIU) - 1

Note: Since the onset of COVID-19, Volunteers have not entered the facility.

Note: Interviews of staff occurred on all shifts.

Documents and Files Reviewed:

Inmate Files

With the assistance of the PREA Compliance Manager, the auditor reviewed all fifty (50) interviewed offender files in CORIS (Correction Information System). Files were reviewed for date of entrance, date of intake assessment and date of reassessment. Reassessments are completed fourteen (14) to twenty-one (21) days after completion of the initial assessment. Only two files were found to have a late reassessment. Many assessments were substantially old, due to the length of time that the offenders had been at the facility. Those individuals were flagged for an updated review. Before the auditor left the facility, the majority had been completed.

During the review of the offender status, special note was taken of their determination to be at risk for sexual victimization or as a predator. These individuals were checked for their cell mate status. All were determined to be appropriately housed.

Personnel Files

Files of all personnel interviewed were reviewed for their initial application (PREA Questions), yearly PREA Acknowledgments and updated criminal history checks. ALL were present, easy to be found and appropriately filed.

Staff Training Files

With the on-set of COVID-19, the facility suspended training in March of 2020. If the staff member had been through PREA training in 2020, both training for 2019 and 2020 were reviewed. Likewise, if the staff member had not been through training in 2020, 2018 and 2019 were reviewed. The auditor saw the training roster, PREA Test and PREA Acknowledgement for two years for ALL staff that were interviewed.

Facility Staff Plan Annual Review:

Information is contained further in this report.

Shift Reports Documenting Unannounced PREA Rounds:

There is a logbook assigned to each location throughout the facility. Supervisors sign with green ink upon entering that location. The facility provided random copies of the log in the PAQ. The auditor also looked at logbooks at the facility and watched supervisors while they signed the books.

Certificates of Training

Verification of specialized training for Investigators was provided to the auditor. Training was provided by both NIC (National Institute of Corrections) and by the Virginia Department of Corrections. Training contained the subject matter required by the standard.

MOU with Contact Rape Crisis Center:

Information is contained further in this report.

INTEL Unit Investigations/Notifications to Inmates:

Fifteen (15) files were reviewed from 2019 and 2020, which resulted in one (1) substantiated case and fourteen (14) unsubstantiated. One (1) investigation was started due to an anonymous report so no response letter was completed and one (1) was without a letter (April of 2019). The remaining all received a response letter and provided a signature showing it was received. All had documentation of a Review Committee response.

SIU Investigations (Special Investigations Unit)

Five (5) investigations had just been completed by the Unit. The facility review team has not met yet, as the PREA Analyst must review the conclusions before it is moved to the facility. Four (4) investigations were forwarded to the Commonwealth Attorney.

Coordinated Response Plan:

While reviewing the Sexual Assault Response Checklist, the auditor found that one action was missing. When shared with the PREA Analyst, the form was immediately fixed. (When the form was updated in 2019, it was inadvertently left off. The original form from 2016 was reinstated.) This was verified in the form of an email from Central Office to the facilities stating that the original 2016 form is to be utilized.

The form includes Date/Time, Incident Location, Checklist Completed By, Reported By, Brief Description of Incident, Alleged Victim/s (name and offender number), Alleged Abuser/s (name, offender number or staff position), Task, Not Needed, Accomplished by, Time and Initials.

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.

Virginia's Department of Corrections Website describes itself as: The Virginia Department of Corrections (VADOC) is the largest state agency with more than 12,000 employees across the Commonwealth. We operate secure facilities and probation and parole offices to provide care and supervision for offenders under state custody.

Mission

We are in the business of helping people to be better by safely providing effective incarceration, supervision, and evidence-based re-entry services to returning citizens, parolees, and probationers.

Vision

To improve long-term public safety by successfully reintegrating productive citizens to our communities and effectively supervising parolees and probationers through a culture of respect, accountability, and ethical behavior.

Values

Safety. Ethics. Learning. Commitment. Support. Respect. Honesty.

Greensville Correctional Center is a prison facility located the unincorporated Greensville County near Jarratt, Virginia. The prison is located on 1,125-acre plot of land, is operated by the Virginia Department of Corrections.

GCC opened in sections between 1990 and 1991. Originally built as three (3) prisons within one (1) perimeter fence it was later organized into one (1) prison in 1996.

The facility officially opened in September 1990 in a ceremony presided over by Governor of Virginia L. Douglas Wilder, the \$106 million facility was built to provide initial relief to the then overcrowded Virginia correctional system. The facility opening allowed for the subsequent closure of the Virginia State Penitentiary in downtown Richmond. The execution chamber moved from the former state penitentiary to Greensville in 1991.

Initially, the center was classified as a maximum security facility. However, with the subsequent opening of other facilities intended for the most hardened violent criminals, the security classification at Greensville has been lowered to medium security. There is a double perimeter fence topped with razor wire as well as six 52-foot high guard towers to bolster perimeter security.

As noted previously the three (3) clusters each have three (3) housing units, recreation yards, a support building (gym, educational and vocational classrooms, library and law library treatment programs, visiting and religious programs, dining halls, offender commissary and Virginia Correctional Enterprises shop).

The S-1 support building also incorporates the main kitchen which prepares approximately 10,000 meals daily that are served in five different locations within the perimeter. In addition to the three (3) clusters of housing and support buildings, there is a separate 192 bed unit for restricted housing and a 46-bed infirmary.

In 1995, a minimum-security work camp for low-risk inmates (Greensville Men's Work Center) was constructed adjacent to the main complex. Together, the two facilities have a capacity of 3,007 inmates.

The facility also contains a dedicated health care unit and mental health center which serves inmates in the eastern region of the Virginia corrections system. It is also home to the state death chamber, which

was completed in April 1991. There have been 111 executions by electrocution or lethal injection that have taken place in the L Building, located at the rear of the facility.

Offender Programs:

Intensive Re-Entry

Work

Recreation

Religion

Mental Health

Treatment: Thinking 4 a Change, Matrix Model Substance Abuse, CBI-SA, Sex Offender, Anger Management, PREPS, Productive Citizenship, Resources for Successful Living and more.

Note: Programs have been suspended due to COVID-19.

Special Populations:

Licensed Treatment Populations:

Licensed Mental Health Unit: 82 beds

Residential Treatment Unit: 86 beds

Sex Offender Residential Treatment Unit: 86 beds

Restricted Housing Beds: 192 beds

Intensive Re-Entry: 344 beds

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.17, 115.31, 115.33,

Standards Met

Number of Standards Met: 42

List of Standards Met: 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.18, 115.21, 115.22, 115.32, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: n/a

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.

Materials Reviewed:

Memo Referencing PREA Compliance

OP 038.3

OP 1135.2

Organizational Chart

List of PREA Compliance Managers 2019

List of PREA Compliance Managers 2020

PREA Unit Key Contact List

Employee Work Profiles (Central/Eastern/Western Region) PREA/ADA Analyst 2017, 2018, 2019

Employee Work Profile (PREA ADA Supervisor) 2017

GCC Organization Chart

GCC PREA Compliance Manager Work Profile 2019 - 2020

Interview with Agency's PREA Coordinator

Interview with Agency's PREA Analyst

Interview with Facility Compliance Manager

Interview with Corrections Operations Manager

Interview with Lead Warden

Interviews with Staff

Memo Referencing PREA Compliance dated August 1, 2012:

This memo covers initiation information regarding the steps that a facility will need to take to come into compliance with the PREA Standards. It covers: Core Responsibility and Measures and Measures for Department / Unit Objectives.

OP 038.3

C. Compliance with PREA is a priority for the DOC and this agency strives to provide a safe environment where offenders are free from sexual misconduct and makes every effort to detect, prevent, and reduce sexual abuse, assault, harassment, and misconduct.

1. The Director has designated the PREA/ADA Supervisor as the statewide PREA coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act (PREA) National Standards in all DOC facilities. (§115.11[b], §115.211[b])
2. Regional PREA Analysts have been designated to oversee facility efforts to comply with the PREA National Standards and to direct facility PREA activities within in their assigned Region.
3. Each Facility Unit Head has designated a PREA Compliance Manager, with sufficient time and authority, to coordinate the facility's efforts to comply with the PREA National Standards. (§115.11[c])

D. The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure. The DOC actively works to prevent, detect, report, and respond to any violation. (5-3D-4281-6; 4-4281-6; §115.11[a], §115.211[a])

OP 1135.2

9. Sexual Misconduct

a. The Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional information on preventing, detecting, and responding to such conduct. (§115.11[a], §115.211[a])

iii. 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. (§115.76[c], §115.276[c])
(added 7/1/18)

List of PREA Compliance Managers

This list is comprised of the assigned Compliance Managers by Region and by position.

PREA Unit Key Contact List

This DOC Intranet page lists the names and contact information of the PREA Coordinator, the Regional PREA Analysts and the PREA Hotline Coordinator.

Comments:

All those interviewed shared that there is a strict 'zero tolerance' policy and that it is taken seriously. As noted above there is what staff refer to as the 'PREA Office' referring to the Department of Corrections. From that office, there are also PREA/ADA Analysts assigned to each facility. Within each facility, there is a PREA/ADA Compliance Manager.

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

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 inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes 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 inmates.) 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.

Materials Reviewed:

Lawrenceville Correctional Facility Contracts 2013 – 2018
Lawrenceville Contract Extension 2018
Lawrenceville PREA Final Audit Report 11-20-19
OP 038.3
OP 260.1
Memorandum from Warden Edmonds dated February 2020

Memorandum from Warden Edmonds dated February 2020

“RE: PREA Audit File 115.12

This is to advise that Greenville Correctional Center does not contract for the confinement of its offenders with private agencies or other entities, including other government agencies, and therefore, this standard is non-applicable.”

Lawrenceville Correctional Facility Contracts

Included within the contracts is the following language:

Section 4.1 Operating Standards. The Contractor shall operate and maintain the Facility in accordance with all applicable federal, state and local laws; Court Orders; orders or decisions of federal, state and local regulatory agencies; ACA Standards, State Regulations, Prison Rape Elimination Act (PREA) standards, and all DOC policies and procedures as they may all be amended and/or superseded from time to time.

OP 038.3

Through contracts and Board of Corrections operating standards, facilities and jails that contract for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a]) Any new contract or contract renewal will provide for DOC contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])

OP 260.1

All contracts for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a]) Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])

- a. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented. (§115.212[c])

Lawrenceville PREA Final Audit Report 11-20-19

The Lawrenceville Correctional Center Facility Visit was held on March 4 – 7, 2019. This facility had nine (9) Exceeded Standards and thirty-six (36) Standards met.

Comments:

As noted, the agency contracts with GEO to hold Virginia inmates at the Lawrenceville facility, which is required to comply with the PREA standards.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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.

Materials Reviewed:

OP 401.1
OP 401.2
OP 401.3
Monthly Unannounced Rounds Documentation
Daily Duty Rosters for 2020
Post Audit (Replicates Staffing Analysis)
Post Audit Review/Staffing Plan/Post Review
Deviations from the Staffing Plan
Post Assignment Roster
Staff Shortage Report
Interview with Warden
Interviews with Senior Wardens
Interview with PREA Compliance Manager
Interview with PREA Coordinator
Interview with PREA Analyst
Interview with Supervisors
PREA Logbooks
Site Review

Since August 20, 2012, or last PREA audit, whichever is later:

The average daily number of inmates: 2944

The average daily number of inmates on which the staffing plan was predicated: 3102

OP 401.1

This policy is noted as "unauthorized dissemination, printing or copying is prohibited".
In essence the policy addressed the elements noted in this standard relative to unannounced rounds.

OP 401.2

This policy is noted as "unauthorized dissemination, printing or copying is prohibited".
In essence the policy addresses those elements required for staffing plans noted in this standard.

OP 401.3

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”.

Included in this policy is additional language regarding the facility ADO’s requirements for unannounced rounds.

Post Audit Review/Staffing Plan/Post Review

This review is in the format of a memorandum to the PREA Auditor from the Warden; dated January 9, 2020. The following are segments from that memo:

“Greenville Correctional Center and Greenville Correctional Work Center's Warden, Assistant Wardens, Chief of Security, Chief of Housing & Programs, Human Resource Manager, PREA Compliance Manager, Institutional Investigator, and Operations Manager met to discuss the current staffing plan to see if it was sufficient to meet the requirements of PREA Standard 115.13.

The following have been identified as, the six most common reasons for deviations from the Staffing Plan.

1. Call-ins (Policy allows staff to call in two (2) hours prior to start of shift for medical reasons)
2. Staff attending additional Department mandated training
3. Staff on short-term disability
4. Time adjustments for staff that attend mandatory training on days off
5. Staff scheduled off for accumulated leave time.
 - High transportation and hospital duty demands.

The GRCC current Post Audit dated April 1, 2019 has a Required FTE of 643.91 with an Authorized FTE of 644.”

The memorandum further describes that there are current vacancies due to budget, short term disabilities, vacations, mandatory training requirements and staff call-ins. Positions numbers are listed as well as required positions by shift.

“The staffing study team that met and discussed these issues feels the current Post Audit for GRCC is appropriate for the institution if we were staffed to full capacity with all of our vacancies filled. GRCC is actively recruiting to fill vacancies at this time.

Greenville Correctional Center has a facility video monitoring system with 649 existing cameras. Additional cameras are needed in the following areas:

- SI, S2, & S3 VCE Shops -14 X 3
- SI, S2, & S3 DOE Classrooms -12 X 3
- SI, S2, & S3 VOC Hallway-6 X 3
- Yarden Farm-23
- Farmer's Market -22”

Daily Duty Rosters for 2019/2020

The reviewed rosters included post number, post title, officer assigned, alternate officer, time in, time out, officers initials, meal break, emergency posts relief/rotation and total hours worked.

Monthly Unannounced Rounds Documentation

Documentation occurs in a PREA logbook specific to a location. Included is name, rank/title, date, time, purpose and initials.

Comments:

The staffing plan/analysis is based upon the size of the facility. The department has a formula that is utilized based upon the number and type of population for each institution. The allocation is directed by the General Assembly. Each institution can make a request for more staff. As a routine action, a team visits the institution to look at technology, cameras, blind spots. Additionally, the staffing plan is reviewed on an annual basis.

The auditor was provided the daily roster for a time period requested by the auditor. These rosters showed hours worked, leave type and overtime.

Each location within the institution has a PREA Logbook, supervisors sign their rounds, unannounced or announced. For an unannounced round, documentation is in green. The auditor was provided sample pages from the Logbooks, but also watched the process while reviewing the site. It was very apparent that this process is completed consistently.

The interview with the Lead Warden showed that the facility has approximately one hundred fifty (150) personnel.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes 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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Materials Reviewed:

OP 425.4
Memorandum from the Warden dated February 10, 2020
Site Visit

In the past 12 months:

The number of housing units to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in day rooms, common areas, showers, and sleeping quarters: n/a

The number of youthful inmates placed in the SAME HOUSING UNIT as adults in this facility: n/a

In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: n/a

OP 425.4

This policy is noted as "unauthorized dissemination, printing or copying is prohibited".

Memorandum from the Warden to the PREA Auditor dated February 10, 2020

This is to advise that the Greenville Correctional Center does not house offenders under 18 years of age, therefore this standard is non-applicable.

Comments:

The facility does not house offenders under the age of 18.

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 inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) 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 inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- 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 inmates 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 inmates 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.

Materials Reviewed:

In-Service – Searches

OP 350.2

OP 401.1

OP 401.2

OP 445.1

OP 720.2

OP 801.1

Memorandum dated December 31, 2019 Regarding Strip Searches

Memorandum dated July 1, 2020 Regarding Strip Searches

Monthly Orientation and Inservice Training February 2019 – February 2020

Monthly Opposite Gender Announcements

Monthly Orientation and In-Service Training

Training Curriculum

Staff Training Logs

Interviews of Staff

Interviews of Inmates
Interviews of Transgender Inmates
Site Review

In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0
The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

In the past 12 months:

The number of pat-down searches of female inmates conducted by male staff: n/a
The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances: n/a

Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: 100%

In-Service – Searches

This document is a 'Training Checklist' that includes Purpose, Objectives, Hours, Materials Required, Instructional Method, References (Lesson Plans, Operating Procedures). Also included is the Trainer Outline: Introduction, Purpose, Objectives, Definitions, Control of Contraband, Searches Methods Authorized for Employees, Visitors, Volunteers, Offender Refusal to Submit to Searches, LGBTI Searches, Area Searches, Vehicle Searches, Personal Protective Equipment and Conclusion.

The LGBTI Searches Section includes:

1. Pat-down searches of cross-gender, transgender and intersex offenders shall be conducted in a professional and respectful manner and in the least intrusive manner possible. Consistent with security needs at any time whether or not criteria for reasonable belief exists.
2. Female corrections officers should conduct all frisk searches of transgender and intersex offenders unless urgent circumstances are present and documentable. Exceptions to this requirement should be referred to the facility Treatment Team.
3. A transgender or intersex offender shall not be searched or physically examined for the sole purpose of determining the offender's genital status.
4. If the offender's genital status is unknown, it may be determined through conversation with the offender, a review of the medical record, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.
5. Strip searches of offenders by opposite gender staff may be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative.
6. Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review.
7. Approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst.
8. An Internal Incident Report must be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.

OP 350.2

xiv. 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 (§115.15[f], §115.215[f])

OP 401.1

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”.
This policy addresses housing unit announcements.

OP 401.2

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”.
This policy addresses privacy issues and housing unit announcements.

OP 445.1

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”.
This policy addresses search directives.

OP 720.2

10. If a transgender or intersex offender’s genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private. (§115.15[e], §115.215[e])

OP 801.1

12. 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. (§115.15[d], §115.215[d])

Memorandum dated December 31, 2019 Regarding Strip Searches

This Memorandum is from the Warden to the PREA Auditor and states:

“This is to advise that during the calendar year 2019, no strip searches have been conducted at Greenville Correctional Center or Greenville Men's Work Center for the sole purpose of determining an inmate's genital status.”

Memorandum dated July 1, 2020 Regarding Strip Searches

This Memorandum is to the PREA Auditor from the Warden. It states:

“This is to advise that from January 2020 through June 2020, no strip searches have been conducted at Greenville Correctional Center or Greenville Men's Work Center for the sole purpose of determining an inmate's genital status.”

Monthly Orientation and Inservice Training February 2019 – February 2020

This collection of monthly documents includes schedules, dates of training, rosters (noted those individuals who work for this facility), and Instructors.

Monthly Opposite Gender Announcements

This was an accumulation of logs from 2019 – 2020.

Monthly Orientation and In-Service Training

This was continued documentation of information provided above.

Comments:

Interviews conducted with staff showed that all understood the limitations of cross-gender searches of both inmates and transgender/intersex populations. Both transgender inmates and staff shared that this population is able to request a certain gender staff for pat downs. Once approved the offender carries this form. None of the transgender inmates interviewed had complaints about this process. All said it worked well.

Transgender inmates and staff alike, stated that this population is able to shower when other inmates are locked down. In addition, single showers are the norm.

Standard 115.16: Inmates with disabilities and inmates 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 inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates 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.

Materials Reviewed:

OP 038.3

PREA Handbook in Braille

September 2019

Spanish-Offender Training Acknowledgement

VLS Interpreter Service

Zero Tolerance – English

Zero Tolerance - Hearing Impaired

Zero Tolerance - Spanish

Optimal Interpreter Services 11-25-15, 11-25-16

Stratus (Formerly Optimal Interpreter Services)

Stratus Audio LLC

Stratus Interpreters Contract 11-18 to 11-19

Propio Contract Proposal

Propio

Purple Communications

Purple Language Service Contracts

Purple Language Service Contract Modifications

Monthly Offender Training Acknowledgements

Staff – Offender Deaf and Hard of Hearing

Memorandum – March 2020

Memorandums – April through June 2020

Interviews with Inmates who have disabilities or are limited English Proficient

Interviews with staff

Site Review

Inmate Handbook

Written Materials for Inmates with Disabilities

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0

OP 038.3

E. Offenders with disabilities and offenders who are limited English proficient (§115.16, §115.216)

1. Facility staff must take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such disabilities include but are not limited to offenders who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities.
 - a. When necessary to ensure effective communication with offenders who are deaf or hard of hearing, access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary must be provided.

- b. Written materials will be provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, and who are blind or have low vision.
 - c. The facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a 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.
2. Facility staff must take reasonable steps to ensure offenders who are limited English proficient, are afforded meaningful access to all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
3. Facility staff cannot 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 under, or the investigation of the offender's allegations. Video Remote Interpreting (VRI) should be utilized to effectively communicate with deaf offenders when American Sign Language interpreters are not available on-site.
4. Facility staff should consult with their PREA Compliance Manager and Regional PREA Analyst, as necessary, to obtain information on available resources to provide equal opportunity and meaningful access to offenders with disabilities and offenders who are limited English proficient.

PREA Handbook in Braille

This handbook has been transcribed by Virginia Correctional Enterprises Braille / Fluvanna Correctional Center for Women.

Memorandum dated September 2019

This memorandum was written by the Warden for the PREA Auditor on October 1, 2019. It states: "This is to advise that during September 2019, Greensville Correctional Center did not receive any offenders who required orientation in Spanish or that required the information to be presented in a way that could be understood based on a disability or intellectual capability."

Spanish-Offender Training Acknowledgement

This form is utilized for Spanish Speaking inmates to acknowledge their receiving PREA information.

VLS Interpreter Service

Vernacular Language Services is a Foreign Language Telephone Interpreter Service. The provided contract was for a period of four (4) successive one (1) year options starting December 1, 2014 to December 31, 2015.

Zero Tolerance – English / Hearing Impaired / Spanish

This Handout includes information on Reporting, Knowing Your Rights, Staff and Offenders Cannot....., and How do I Get Help.

Optimal Interpreter Services / Stratus (Formerly Optimal Interpreter Services)

The facility provides copies of yearly contracts with the business beginning November 2015 to November 2019.

Stratus Audio LLC

This document is instructional as to the use of this inmate language interpretation service.

Propio Contract Proposal

Propio responded to an RFP proposed by the VA DOC on July 2011.

Propio

The contract with Propio Language Services commenced on November 1, 2018, with three (3) renewal options.

Purple Language Service Contracts / Contract Modifications

Several yearly contracts were provided to the auditor, commencing with 2013 through October of 2019. On August 20, 2019, a contract modification took place. This allowed for language modification.

Monthly Offender Training Acknowledgements

Memorandums from the Warden to the Auditor was received for each of the months of January through July 2019, September through December 2019, February 2020 and March through June 2020. The memorandums read: "This is to advise that during ...(month)... Greenville Correctional Center did not receive any offenders who required orientation assistance due to be limited English proficient or that required the information to be presented in a way that could be understood based on a disability or intellectual capability."

For August 2019 and January 2020, the facility provided the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training forms. This form states: "By signing below, I am acknowledging that this information was communicated to me visually, orally and in writing based upon the intake and comprehensive Training Curriculum titled "Preventing Sexual Abuse and Sexual Assault". In August, a staff person noted "Had to speak slowly and loudly to offender. Hearing Impaired." Another form stated "ASL Interpreter used during orientation (deaf offender). In January, a staff member noted "ASL Interpreter used".

Staff – Offender Deaf and Hard of Hearing

Numerous Certificates of Completion by staff for a training named: DOC ADA Training and DOC – Understanding and Interacting with Deaf and Hard of Hearing Offenders.

Comments:

The facility utilizes a specific housing unit for those inmates who are hard of hearing or deaf. There is a staff member who is assigned to this unit who provides sign language. In addition, there are staff members who are multi-lingual who are utilized as needed. The department has contracts for language interpretation which is available as necessary.

PREA information is available in both English and Spanish in all housing units.

Staff interviewed stated that they would not use an inmate interpreter for PREA related issues.

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes 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 inmates? 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 inmates 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 inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes 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.

Materials Reviewed:

OP 102.2
OP 102.3
OP 102.7
OP 135.1
OP 145.2
OP 260.1

Background Checks – Current Employees

Backgrounds – Five Year Interval

Log of Contractors

Monthly New Hire and Promotion

Policy on Hiring and Promotions

Personnel Files of Staff / Hired or Promoted

Personnel Files of background checks of contractors

Personnel Files of Staff re: five-year background records checks

Interview with Human Resources Staff

In the past 12 months:

The number of persons hired who may have contact with inmates who have had criminal background record checks: 273

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 inmates: 1

OP 102.2**8. Eligibility**

- a. The DOC shall not hire or promote anyone for a position that may have offender contact who has been: (§115.17[a], §115.217[a])
 - i. 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);
 - ii. 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; or
 - iii. Civilly or administratively adjudicated to have engaged 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
- b. The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders (§115.17[b], §115.217[b])
- c. The DOC must 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. (§115.17[f], §115.217[f])

OP 102.3

10. The DOC shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who: (§115.17[a], §115.217[a])
 - 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, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse

- c. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. (§115.17[g], §115.217[g])
- 11. 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. (§115.17[b], §115.217[b])
- 12. Before hiring new employees who may have contact with offenders, the DOC shall: (§115.17[c], §115.217[c])
 - a. Perform a criminal background records check (VCIN)
 - 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.
- 13. All DOC facilities shall perform a criminal background records check (VCIN) before enlisting the services of any contractor who may have contact with offenders. (§115.17[d], §115.217[d]) All DOC community based administrative offices should perform a criminal background records check (VCIN) before enlisting the services of any contractor who will have unescorted contact with offenders.
- 14. The DOC shall conduct criminal background records checks (VCIN) at least every five years of current employees and contractors. A criminal background records check (VCIN) will be conducted annually for sensitive specialist assignments.
 - a. The Human Resources Officer for each organizational unit shall ensure criminal background records checks (VCIN) are conducted and documented as required. (§115.17[e], §115.217[e])
 - b. The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.

OP 102.7

- 10. Information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be furnished to any institutional employer for whom which the employee has applied to work provided the request is written. (§115.17 [h], §115.217 [h])

OP 135.1

- hh. Material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall be grounds for termination. (§115.17[g], §115.217[g])

OP 145.2

E. Conducting Performance Evaluations

- 2. Each employee shall be required to complete Section I of Employee Self-Assessment 145_F6 to document a response to the following questions: (§115.17[f], §115.217[f])
 - a. Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail, juvenile facility?
 - b. Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
 - c. Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)?
 - d. The employee's signature documents that the employee has been reminded that there is a continuing affirmative duty to disclose any such misconduct. (§115.17[f], §115.217[f])

OP 260.1

- a. The DOC must not enlist the services of any contractor who may have contact with offenders, who: (§115.17[a, b], §115.217[a])
 - i. 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 et seq. Civil Rights of

Institutionalized Persons)

- ii. Has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
- iii. The DOC must consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with offenders. (§115.17[b], §115.217[b])
- iv. The DOC must also perform a criminal background records check and any applicable drug test before enlisting the services of any contractor who may have contact with offenders. (§115.17[d], §115.217[d])

Background Checks – Current Employees

The facility utilizes a spread sheet to note the last date that the criminal history check occurred. This spread sheet covers all employees.

Backgrounds – Five Year Interval

Employee files were reviewed on site.

Log of Contractors

This log contains the names of all contractors, the date of their completed background search and the approval date.

Monthly New Hire and Promotion

These documents include the names of those individuals who are newly hired and promoted. Within the application the following questions are to be answered:

4. *Please read this question carefully and respond appropriately. In accordance with the Prison Rape Elimination Act (PREA) and DOJ, 28 CFR 115.17, please respond to the following: Question #1 Have you engaged in sexual abuse in an institutional setting where the term "institutional" refers to any facility or institution: (A) which is owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is: (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility; (iii) a pretrial detention facility; (iv) for juveniles; (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care.
(Yes, No, No Answer)

6. *Please read this question carefully and respond appropriately. In accordance with the Prison Rape Elimination Act (PREA) and DOJ, 28 CFR 115.17, please respond to the following: Question #2 Have you 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, No Answer)

7. *Please read this question carefully and respond appropriately. In accordance with the Prison Rape Elimination Act (PREA) and DOJ, 28 CFR 115.17, please respond to the following: Question #3 Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2, above?
(Yes, No, No Answer)

Comments:

As noted earlier in this report, the auditor reviewed the personnel files for those staff who were interviewed. The questions noted above was included in the application form for new hires and for promotional applications. Verification of criminal background checks (timely) were provided. Human Resource

personnel shared that besides reporting on the application, there is a continuing responsibility to report and if not done so, termination could result.

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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes 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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes 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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Materials Reviewed:

OP 801.1

Memorandums

Interview with Lead Warden

OP 801.1

4. 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. (§115.18[a], §115.218[a])
5. 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. (§115.18[b], §115.218[b])

Memorandums

The facility provided monthly memorandums from January 2019 through June 2020 that state “This is to advise that there were no new camera, door, window or mirror purchases or installations at the Greenville Correctional Center during ...”

September 2019’s memorandum states: “This is to advise that the mirrors installed in HU 11 (Infirmary) during August 2019 were from existing inventory that had been on hand for an extended length of time, and there is no current invoice for them.”

Comments:

As noted above, there has been no additional purchases or installations.

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 €

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 €

- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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.

Materials Reviewed:

OP 030.4
OP 038.3
OP 720.7
OP 730.2
Virginia Forensic Nurse Examiner Program
Forensic Nurse Examiner Contact Form
Action Alliance Contracts

Mountain State Contracts
Monthly Memorandums
Interviews with Staff
Interview with SAFE/SANE Provider
Interview with PREA Compliance Manager
Interview with Inmates who Reported a Sexual Abuse
Review Investigation Files
Uniform Evidence Protocol
Medical File Review
Interview with SIU Investigator
Interview with INTEL Commander

In the past 12 months:

The number of forensic medical exams conducted: 4

The number of exams performed by SANEs/SAFEs: 4

The number of exams performed by a qualified medical practitioner: 4

OP 030.4

7. Evidence Protocol and Forensic Medical Examinations

- b. SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (§115.21[a], §115.221[a])
- c. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. (115.21[b], §115.221[b])
- d. 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. (§115.21[e], §115.221[e])
- e. With the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit is collected within 72 hours it should be used beyond that time whenever there is a possibility of evidence remaining.

OP 038.3

VI. Victim Advocate/Emotional Support

- A. The DOC will attempt to make available to the victim a victim advocate from a rape crisis center. (§115.21[d], §115.221[d])
 1. If a rape crisis center is not available to provide victim advocate services, the services of a qualified staff member or a qualified staff member from a community-based organization must be made available.
 2. As requested by the victim, a victim advocate, qualified staff member, or qualified community-based organization member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e])
 3. The qualified staff member or community-based member must be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h], §115.221[h])

OP 720.7

- F. 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. (5-6C-4406; 4-4406)
1. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. (§115.21[c], §115.221[c])
 - a. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e]) A qualified DOC Mental Health/counseling staff member or a qualified community-based staff member will be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h], §115.221[h])

OP 730.2

- f. The DOC will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DOC must make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. (§115.21[d], §115.221[d])

Virginia Forensic Nurse Examiner Program / Forensic Nurse Examiner Contact Form

The VA Forensic Nurse Examiner document includes information for the Northern, Tidewater, Western and Central Regions of Virginia. Each area is broken down by Hospital, Contact information, Services Available, Special Services, and Number of Team Members. This Form is utilized for areas within the state where there is no local hospital.

Action Alliance Contracts

The Action Alliance also known as Virginia Sexual and Domestic Violence Action Alliance and the VA DOC entered into this contract to provide a toll-free Family Violence and Sexual Assault hotline, maintenance of records, provide crisis intervention and emotional support, provide a trained victim advocate (forensic exams, investigations, follow-up visits or communications), all advocates complete PREA Training, screen all advocates.

The last contract with this agency was entered into in April of 2019, with four (4) successive one year extensions.

Mountain State Contracts

Mountain States Health Alliance d/b/a Russell County Hospital contracted with the VA DOC for a Sexual Assault Nurse Examiner (SANE) who is able to a DOC facility to perform a sexual assault examination. Note: There is only one Hospital in Southwest Virginia and is the closest program to the Western Region. Therefore, this contract negates the logistic challenges of transporting the victim to an emergency department for assessment.

This renewable contract was signed on February 5, 2019.

Monthly Memorandums

The Warden provided monthly memorandums to the PREA auditor from February 2019 to June of 2020 either commenting on outside arrangements for victim advocate services and/or forensic exams,

Comments:

Note: The Mountain State Contract does not apply to this facility, only to those facilities who do not have a local hospital.

Greensville Correctional Center utilizes the hospital associated with Virginia Commonwealth University in Richmond, Virginia for forensic examinations. Victim Advocacy is provided through the hospital.

As noted earlier in this report, there was a telephone call with the Coordinator of the Forensic Nurse Team. That conversation was previously noted.

The institution's Intelligence Unit consists of a Commander, and four Investigators (two (2) Sergeants, one (1) Officer and one (1) Gang Specialist). This unit is the initial point of contact for an allegation. After review, the Commander may move the investigation to SIU (Special Investigations Unit). INTEL focuses on sexual harassment and those cases of sexual abuse that does not lead to criminal action. Physical Evidence is not handled by staff at the facility. That evidence is gathered either by INTEL or SIU, however in most sexual abuse cases, it is handled by SIU.

Note: All staff investigations are completed by SIU.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) 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

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.

Materials Reviewed:

OP 030.4
 OP 038.3
 Monthly Examples of Sexual Abuse and Harassment Investigations
 Interview with INTEL Commander
 Interview with SIU Investigator
 Review of Investigation Files

In the past 12 months:

The number of allegations of sexual abuse and sexual harassment that were received: 177
 The number of allegations resulting in an administrative investigation: 177
 The number of allegations referred for criminal investigation: 14

OP 030.4

3. The SIU is authorized to:
 - b. Conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure. (§115.22[d], §115.222[d])

G. Prison Rape Elimination Act (PREA) Investigations

1. The Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. (§115.22[a], §115.222[a])
4. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit who has the legal authority to conduct criminal investigations. (§115.22[b], §115.222[b])

OP 038.3

V. Investigation

- A. An administrative or criminal investigation conducted in accordance with PREA standards must be completed and documented for all allegations of sexual abuse and sexual harassment. (5-3D-4281- 3; 4-4281-3; §115.22[a], §115.222[a], §115.71[k], §115.271[k])
 1. If the alleged abuser is staff, the staff member must be reassigned to a post with no offender contact, suspended, or placed on pre-disciplinary leave with pay based on circumstance or situation, pending completion of the investigation as outlined in Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.
 2. Upon receipt of an allegation of sexual abuse, investigative staff will have 30 days to complete a administrative investigation into the allegation.
 - a. The initial investigation will be conducted by the Facility Investigator or other staff member who has received the required specialized training to conduct sexual abuse investigations.
 - b. If it is determined that the investigation will not be completed within 30 days, the Facility Investigator must contact the Regional PREA Analyst to discuss an extension.
 - c. When the Regional PREA Analyst determines that an extension is needed, periodic updates must be provided at an interval deemed appropriate by the Regional PREA Analyst.
 - d. If a determination is made that the sexual abuse allegation will be handled by SIU, the Facility Investigator will notify the Regional PREA Analyst.
 3. Unless the Facility Investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment must be referred for investigation to SIU. The Facility Investigator will document all such referrals. (§115.22[b], §115.222[b])
 - a. SIU conducts investigations into criminal behavior, procedural or administrative violations, and staff misconduct affecting the operations of the DOC. (See Operating Procedure 030.4, Special Investigations Unit.)
 - b. The Chief of SIU or designee will review the nature of the allegations received and determine if an investigation by SIU is warranted.
 - c. During the investigation, facility staff will cooperate with SIU and the Facility Investigator must endeavor to remain informed about the progress of the investigation. (§115.71[!], §115.271[!])
 4. Investigative staff will follow Operating Procedure 030.4, Special Investigations Unit. (§115.22[d], §115.222[d])
 - a. All evidence collected at the facility and at the hospital (PERK, evidence collection, etc.) must be handled in accordance with Operating Procedure 030.1, Evidence Collection and Preservation.
 - b. Investigations must be documented and recorded as required in Operating Procedure 030.4, Special Investigations Unit.

Monthly Examples of Sexual Abuse and Harassment Investigations

Within the PAQ, the facility provided monthly examples of PREA Investigations from February 2019 through June of 2020. These forms included Incident details, victim information, findings, alleged perpetrator information, medical and mental health services, Credibility, summary, interviews, review of pertinent information, findings of physical evidence, review of rapid-eye, determination, internal incident report, and PREA Investigative Report Checklist

Comments:

The Investigation Reports noted above is more detailed than the examples show.

The interview with the SIU investigator showed that all investigations for criminal sexual abuse allegations is completed by their office. Evidence/investigation results are moved to the Commonwealth Attorney in the local jurisdiction.

Note: All staff investigations are completed by SIU.

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates 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.

Materials Reviewed:

OP 102.6
OP 350.2
2018 PREA Curriculum
2019 PREA Curriculum

In the past 12 months:

The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements: 816 (all)

OP 102.6

6. Prison Rape Elimination Act (PREA) Orientation - Employees

- a. The agency shall train all employees who may have contact with offenders on: (§115.31[a], §115.231[a])
 - i. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - iii. Offenders' right to be free from sexual abuse and sexual harassment;
 - iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - v. The dynamics of sexual abuse and sexual harassment in confinement;
 - vi. The common reactions of sexual abuse and sexual harassment victims;
 - vii. How to detect and respond to signs of threatened and actual sexual abuse;
 - viii. How to avoid inappropriate relationships with offenders;
 - ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
 - x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. 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. (§115.31[b], §115.231[b])
- c. The agency shall document through employee signature or electronic verification that employees understand the training they have received. (§115.31[d], §115.231[d])

OP 350.2

9. Prison Rape Elimination Act (PREA) In-service (§115.31[a, c], §115.231[a, c])

- a. In-service training programs shall include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas:
 - i. Its zero-tolerance policy for sexual abuse and sexual harassment
 - ii. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
 - iii. Offenders' right to be free from sexual abuse and sexual harassment
 - iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment
 - v. The dynamics of sexual abuse and sexual harassment in confinement
 - vi. The common reactions of sexual abuse and sexual harassment victims
 - vii. How to detect and respond to signs of threatened and actual sexual abuse
 - viii. How to avoid inappropriate relationships with offenders (Operating Procedure 130.1, Rules of Conduct Governing Employees Relationships with Offenders)
 - ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders

- x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. (§115.31[b], §115.231[b])
- c. The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. (§115.31[d], §115.231[d])

10. Security Staff In-Service

- iii. Supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures (§115.31[c], §115.231[c])

2018 PREA Curriculum

This Curriculum includes several elements: Trainer Outline (Participant Outline), Training Checklist, Test and Answer Key. Inservice training includes the Participant Outline, Test and Answer Key, Trainer Outline and Training Checklist.

2019 PREA Curriculum

This Curriculum includes the Participant Outline, Trainer Outline, Training Checklist, and Test and Answer Key. The Inservice training includes the Participant Outline, Test and Answer Key, Trainer Outline, and Training Checklist.

In addition, training includes a "PREA Jeopardy" presentation, a "PREA Jeopardy" In-Service, PREA Basics Online Curriculum, PREA Basic Correctional Officer and Non-Security Training and Inservice training curriculum.

2020 PREA Curriculum

This curriculum includes those items listed above under the 2018 PREA Curriculum. In addition: there is an On-line Training Curriculum.

PREA Newsletter

In 2017, the Department initiated a monthly PREA Newsletter. In January 2019, the Newsletter added ADA to become a PREA and ADA document. This practice has continued until this day. The facility provided all Newsletters from 2017 to the auditor.

Monthly In-Service and Orientation Training

This documentation included the Institutional Inservice Agenda, Rosters, In-Service Exams, and Acknowledgement Sign-off Forms

Comments:

In review of all the curriculums, all elements required by the standards are present.

All staff interviewed stated that there is PREA Training yearly. This was verified by review of training records, that includes training rosters, PREA tests, and a PREA Acknowledgement forms. Earlier in this report is a description of the review process.

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 inmates 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 inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes 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.

Materials Reviewed:

OP 027.1
OP 038.3
OP 102.6
OP 350.2
PREA Compliance – Memo
PREA Con-Vol Trainer Outline
Contractor, Volunteer, Intern PREA Training
Con-Vol

The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 514

OP 027.1

2. The Statewide and Organizational Unit Volunteer Coordinator, as applicable 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. (§115.32[a], §115.232[a])
 - a. 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. (§115.32[b], §115.232[b])
 - b. 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. (§115.32[b], §115.232[b])
 - c. Receipt and understanding of these materials will be documented by the volunteer's signature on the Volunteer Agreement 027_F4. (§115.32[c], §115.232[c])
 - d. Program visitors will be provided A Guide to Maintaining Appropriate Boundaries with Offenders (see Operating Procedure 038.3, Prison Rape Elimination Act (PREA)) as notification of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. Receipt should be documented such as in the facility "sign-in" log.
4. All volunteers shall receive documented orientation and training appropriate to their volunteer duties: (4-4119; 4-ACRS-7B-18, 4-ACRS-7F-09; 4-APPFS-1C-06, 2-CO-1G-07).
 - a. All Program Visitors will be provided:
 - i. Volunteer Agreement 027_F4
 - ii. A Guide to Maintaining Appropriate Boundaries with Offenders (see Operating Procedure 038.3, Prison Rape Elimination Act (PREA)) as notification of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. (§115.32[b], §115.232[b])
 - iii. Completion of orientation and training will be documented by the volunteer's signature on the Volunteer Agreement. (§115.32[c], §115.232[c])
 - b. Volunteers under the general supervision of a corrections employee or a trained volunteer or volunteers who will provide supervision to other volunteers shall receive orientation and training to DOC Operating Procedures, including but not limited to:
 - i. Operating Procedure 038.3, Prison Rape Elimination Act (PREA)
 - ii. Operating Procedure 135.1, Standards of Conduct
 - iii. Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders
- xii. Completion of orientation and training will be documented by the volunteer's signature on the Volunteer Orientation Checklist 027_F8. (§115.32[c], §115.232[c])

OP 038.3

2. All contractors and volunteers with the DOC who have physical, visual, or auditory contact (or could have contact) with offenders will be trained on their responsibilities to prevent, detect, monitor, and

report allegations and incidents of sexual abuse and sexual harassment of offenders. (§115.32[a], §115.232[a])

- a. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. (§115.32[b], §115.232[b])
 - i. At minimum, such persons will be notified of the DOC's Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 - ii. All volunteers and contractors will be provided with a copy of Attachment 4, A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections, and will be required to sign Attachment 6, Prison Rape Elimination Act (PREA) Training Acknowledgement.

OP 102.6

B. Volunteers and Contractors

1. The agency must ensure that all volunteers and contractors who have contact (or could 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 and have signed the Prison Rape Elimination Act (PREA) Training Acknowledgement attachment to Operating Procedure 038.3, Prison Rape Elimination Act (PREA). (§115.32[a], §115.232[a])
2. The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders must be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (§115.32[b], §115.232[b])
3. The agency will maintain documentation confirming that volunteers and contractors understand the training they have received. (§115.32[c], §115.232[c])

OP 350.2

- e. Contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. (§115.32, §115.232)
 - i. 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, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 - ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.
 - iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.
 - iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training.

PREA Compliance – Memorandum

This memorandum from the PREA Coordinator to all Unit Heads is dated October 17, 2012. It states "To comply with PREA Standard §115.32, all contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers as outlined in Operating Procedure 038.3 Sexually Abusive Behavior Prevention and Intervention. 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 as follows:"

The memo continues with a training directive for identified Level 1 – 3 Contractors and Volunteers. It also states "Training should be documented and maintained in the volunteer or contractors file. A copy of this memorandum and any local implementation memo or documentation of procedure change should also be placed in the respective PREA Standards file."

PREA Contractor/Volunteer Trainer Outline

This training includes: What is PREA, the Nine Purposes of PREA, OP 038.3 Sexually Abusive Behavior Prevention and Intervention, Zero Tolerance Policy, Rules of Conduct Governing Employee Relationships with Offenders, Myths, Dynamics of Sexual Abuse and Sexual Harassment in Confinement, Common Reactions of Sexual Abuse and Sexual Harassment Victims, Detection Strategies, and Avoiding Inappropriate Relationships.

Contractor, Volunteer, Intern PREA Training

This form is an Acknowledge document, noting whether the Contractor, Intern or Volunteer is considered a Level 1, 2 or 3 and a signature line for the individual and the PREA Trainer.

Training Curriculums for Contractors and Volunteers

This training covers Purpose of PREA, How does PREA Affect You, Rules of Conduct Governing Employees Relationships with Offenders, PREA and Fraternization, Consequences for a PREA Violation And/or Fraternization, Reporting, Myths, Detection Strategies, and Avoiding Inappropriate Relationships with Offenders.

Guide for Maintaining Boundaries

This brochure for Contractors and Volunteers. It covers Red Flags, Prevention, Duty to Report, Resources, and Policy.

Signed Training Acknowledgements

The facility provided multiple signed Contractor/Volunteer training acknowledgements for 2019 and 2020.

Excel List – Volunteers and Contractors Training

This list includes the names of Volunteers and Contractors for the facility, the date of their PREA training and their company name.

Comments:

Due to COVID-19 there have been no volunteers present at the facility, therefore, no interviews of this population were held. Those contractors who were working at the facility during the audit were unavailable for interviews.

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 inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates 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 inmates 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 inmates 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 inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

- Does the agency maintain documentation of inmate 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 inmates through posters, inmate 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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Materials Reviewed:

OP 038.3
OP 810.2
Zero Tolerance
Offender PREA Training Acknowledgement
Offender Training Comprehensive
Offender Training Intake
Offender Orientation Manual
Interviews with Staff
Interviews with Inmates
Interviews with Intake Counselor
Files of Inmates entering facility in last 12 months / PREA signature sheets
Review of Posters
Site Review
Offender Education Materials
Intake Observation

Of inmates admitted during the past 12 months:

The number who were given this information at intake: 1973

Of inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more: 1740

The number who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 1740

OP 038.3

A. Offender Training

1. All offenders newly received into the DOC from a jail or other non-DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. (5-

3D-4281-1; 4-4281-1; §115.33[a], §115.233[a])

- a. This information must be communicated verbally and in writing, in language clearly understood by the offender and will include the following topics: (5-3D-4281-1; 4-4281-1)
 - i. Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders
 - ii. DOC Zero Tolerance Policy
 - iii. Prevention/ Intervention
 - iv. Self-protection
 - v. Reporting sexual abuse/assault/harassment
 - vi. Treatment and counseling
 - vii. Offender telephone sexual abuse Hotline Number #55
 - viii. Free Emotional Support through Hotline Number #55, Option 2
 - b. Facilities must make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. (§115.33[d] §115.233[c])
 - c. On the day of arrival, the offender will receive an initial intake PREA training, utilizing Attachment 2a, Preventing Sexual Abuse & Sexual Assault - Trainer Outline (Intake).
 - i. The offender will watch Section 1 of the PREA: What You Need to Know video.
 - ii. The offender will be provided with a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment that includes the Sexual Assault Hotline Number. (See Attachment 1E, Attachment 1H for Hearing Impaired, or Attachment 1S for Spanish Version.)
 - iii. Upon completion of the intake PREA training, the offender must document receiving the Preventing Sexual Abuse and Sexual Assault Trainings (Intake) and the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment by signing the Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S)
 - d. Within 10 days of arrival, the offender will receive a comprehensive PREA training, utilizing Attachment 2b, Preventing Sexual Abuse & Sexual Assault - Trainer Outline (Comprehensive) and the video PREA: What You Need to Know. (§115.33[b], §115.233[a])
 - i. The offender must document receiving the Preventing Sexual Abuse and Sexual Assault Trainings (Comprehensive) by signing the Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S). (§115.33[e], §115.233[d])
 - ii. The signed Acknowledgement documenting offender completion of the initial and the comprehensive training must be uploaded as an external document in VACORIS and identified as a Special Entry Note on the date the training was completed. Once uploaded, the paper form does not need to be retained.
 - e. It is mandatory that offenders attend both the intake and the comprehensive PREA aining. Offenders who refuse will be charged with Offense Code 200, Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed, in accordance with Operating Procedure 861.1, Offender Discipline, Institutions.
2. Offenders received from another DOC facility must be provided a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment that includes the Sexual Assault Hotline Number.(See Attachment 1E, Attachment 1H for Hearing Impaired, or Attachment 1S for Spanish Version.) (§115.33[c]), §115.233[b])
 - a. If the signed Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S) is not available in VACORIS, the offender must be provided the comprehensive PREA training as described for an offender newly received into the DOC.
 - b. The signed Acknowledgement must be uploaded as an external document in VACORIS and identified as a Special Entry Note on the date the training was completed. Once uploaded, the paper form does not need to be retained.
 3. In addition to providing such training and education, each facility will ensure that key information is

continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. (§115.33[f] §115.233[e])

OP 810.2

- B. Prison Rape Elimination Act (PREA) offender training and information must be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA).
1. An offender received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number.
 2. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the offender must be provided the PREA training as described for a new intake. (§115.33[c])
 3. Each institution will ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. (§115.33[f])

Zero Tolerance Handouts

Three Zero Tolerance Handouts are provided in English, Spanish and in a Braille format.

Offender PREA Training Acknowledgement

This form is titled "Preventing Sexual Abuse and Sexual Assault Training Acknowledgement". It includes A check off for providing the offender information about the hotline, Intake (subjects include: Introduction, Video, Reporting, Getting Help, Zero Tolerance for Sexual Abuse, Questions and Summary). It provides a location for the offender name – printed and written and staff; check off for Comprehension (must be completed within ten (10) days of arrival with offender and staff signatures.

Offender Training - Comprehensive

This document is a Trainer Outline. Included in this format is purpose, key points, zero tolerance policy, staff sexual abuse and sexual harassment, how to get help, reporting, and what to remember.

Offender Training - Intake

This training is for those incarcerated in the VA Department of Corrections. Included the introduction, video, reporting, getting help, sexual assault awareness and prevention.

Greenville Correctional Center's Offender Orientation Manual

This manual includes nearly 4 pages devoted to PREA Information, to include: zero tolerance information, legal issues, reporting, hot line (#55), protection, language interpretation, sexual misconduct, behaviors of a sexual nature, sexual contact is prohibited and the comprehensive PREA training session.

Comments:

Note: Since the COVID-19 pandemic there has been fewer transfers to the facility. There was one (1) intake during the time the auditor was on site. This individual was coming directly to the Mental Health Unit. After staff determined the status of the offender, the auditor was able to watch the intake process. The offender watched the video and had an opportunity to ask questions.

Offender interviews showed that the individuals did receive information at intake as a group, received a handout and a handbook and met with a counselor one-on-one. Offender file reviews showed date of intake, date of intake classification (initial assessment) and reassessment date. PREA information is available to all inmates including by braille, sign language and via interpreters.

The site review showed that PREA information is not only posted in every housing unit, but is painted in hallways, office areas, etc.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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.

Materials Reviewed:

OP 030.4
OP 350.2
SIU Specialized Training Certificates 2018
Virginia DOC Investigation Specialized Training
Investigations Specialized Training
Basic Training for Institutional Investigators
Investigations Matrix
Investigators Certificates
Verification of Training of Investigators/Records
Interviews with Investigative Staff

The number of investigators the agency currently employed who have completed the required training:6

OP 030.4

5. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.
- a. 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: (§115.34[a], §115.234[a], §115.34[b], §115.234[b])
 - 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.
 - b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. (§115.34[c], §115.234[c])

OP 350.2

6. PREA Investigators (§115.34, §115.234)
- a. Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations.
 - b. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include:
 - 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
- c. See Operating Procedure 030.4, Special Investigations Unit for guidance on the requirements for PREA Investigations.

SIU Specialized Training Certificates 2018 (22)

These training certificates were for “PREA: Investigating Sexual Abuse in a Confinement Setting” and “DOC – PREA for Non-Institutional Staff” for each of the twenty – two (22) staff.

Virginia DOC Investigation Specialized Training

Training held on February 11 – 3 2013 “Investigating Sexual Misconduct and Abuse: Implications of the Prison Rape Elimination Act” written by the Moss Group, Inc. Module 1.

This is a training on “Module 2 – Legal Issues and Agency Liability” also written by the Moss Group, Inc.

Investigations Specialized Training Agenda

“Investigating Sexual Misconduct: Training for Correctional Investigators” was a 2.5 day training held February 11 – 13, 2013. It included Module 1: PREA Refresher and Overview of the PREA Investigative Standards, Module 2: Legal Issues and Agency Liability, Module 3: Overview of VA DOC Policies and Procedures, Module 4: Agency Culture and Boundary Issues, a Practitioner Roundtable, Module 5: First Response and Evidence Collection, Module 6: Forensic Medical Exam, Module 7: Trauma and Victim Response, Module 8: Prosecutorial Collaboration, and Module 9: Interviewing Techniques.

Basic Training for Institutional Investigators

This is a PowerPoint for institutional investigators. PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings. The content of this training is quite extensive. As an example here are a few of the topics: Evidence Protocol and Forensic Medical Exams, Employee Training, Criminal and Administrative Investigations, Miranda Warning, Garrity Warning, Court Approach, Litigation, Two Types of Liability, Trauma and Victim Responses, Trauma and the Brain, Impacts of Sexual Abuse, and Investigations

Investigations Matrix

This matrix delineates Investigations handled by the Facility (Initial PREA, Fraternalization and harassment allegations (closed if unfounded)), Investigations Started at Facilities and passed on to SIU (Confirmed PREA allegations, Joint Investigations, Investigations Handled by SIU (Confirmed PREA allegations, Confirmed fraternization, Sexual assault (Examples: rape, forcible sodomy)) and Investigations handled on a case by case basis.

Investigators Certificates

The following training certificates were provided for five (5) investigators: “PREA Specialized Training for Investigators – 2014”, “PREA Basics Section 1 – Introduction”, “PREA: Investigating Sexual Abuse in a Confinement Setting”, “Institutional Investigator Basic School – Week 1”,

Comments:

One (1) investigator in the INTEL unit has not attended all specialized training at this point. The intent is to send this individual when training is scheduled. In addition, this staff member is not assigned PREA cases. All other investigators have been trained in conducting sexual abuse and sexual harassment investigations.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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.

Materials Reviewed:

OP 102.6
OP 350.2
OP 701.1
OP 720.7
Specialized Training NIC Screen
Documentation of Medical and Mental Health Employee Log and Training
Medical and Mental Health Employee Log and Training
NIC Training Certificates for "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting"
Interviews with Mental Health Staff
Training Logs
Exam Logs

The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 40

The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

OP 102.6

C. Medical and Mental Health Care Practitioners - Medical and mental health care practitioners must also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC. (§115.35[d], §115.235[d])

OP 350.2

11. Non-Security Staff In-Service

b. 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. (§115.35[d], §115.235[d])

OP 701.1

9. 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: (§115.35[a, c], §115.235[a, c])

- 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

OP 720.7

C. All health care providers will be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence. (§115.35[b], §115.235[b])

Specialized Training NIC Screen

NIC provides an e-learning course on Medical Health Care for Sexual Assault Victims in a Confinement Setting.

Documentation of Medical and Mental Health Employee Log and Training

The facility provided a list of employees and the date of their last PREA training. All training was completed in 2019 and 2020, timely.

Medical and Mental Health Employee Log and Training

This document also contained a list of employees and the date (all in 2019) that the individual completed the National Institute of Corrections training on “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting”. Certificates were attached.

Comments:

Forensic Examinations are not completed at the facility. Offenders are sent to the VCU Medical Center.

Training verification was provided to the auditor for both mental health and medical staff. As noted previously, training records were for provided for a two (2) year period.

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 inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes 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 inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes 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 inmates? 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.

Materials Reviewed:

OP 730.2
OP 810.1
OP 810.2
OP 861.1
Perception Memorandum
Offender Movement Reports
Interviews with Staff
Interview with Intake Counselor
Interview with Facility PREA Compliance Manager
Memorandum

In the past 12 months:

The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 1969

In the past 12 months:

The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 1740

OP 730.2

- D. An offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g])

OP 810.1

2. Within 24 hours of arrival, prior to bed assignment, a Classification Assessment will be completed in VACORIS for each new offender entering the DOC and housing assignments made accordingly. (5-3D-4281-2; 4-4281-2; 4-ACRS-2A-07; §115.41[c])
 - a. The Classification Assessment will include a review of the following factors: history of assaultive behavior, potential for victimization, history of prior victimization, special medical or mental health status, escape history, age, enemies or offender separation information, and any other related information and must be approved within 72 hours of the offender's arrival at the institution. (§115.41[b], §115.41[e]).
 - b. Information from the offender's Classification Assessment will be used by institutional staff in determining appropriate 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. (§115.42[a])
 - c. Utilizing the results of the Classification Assessment in VACORIS and available offender records, staff will screen the offender for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and will interview and evaluate the offender for High Risk Sexual Aggressor (HRSA) and/or High-Risk Sexual Victim (HRSV) tendencies. (5-3D-4281-2; 4-4281-2; §115.41[a], §115.41[d])
 - iv. In order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders, responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness will only be disseminated in accordance with this operating procedure. (§115.41[j])
 - v. Offenders may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the Classification Assessment interview. (§115.41[h])
- v. Victims of a recent sexual assault will be referred for medical and mental health care and treatment as necessary in accordance with Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*. (added 5/1/19)
 - f. Within 21 days from the offender's arrival at the institution, staff will meet with the offender and will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening. (§115.41[f])(added 5/1/19)
 - i. The PREA Reassessment 810_F1 must be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the institution.
 - ii. Completion of the Reassessment must be documented as a PREA Reassessment in the Facility Notes section of VACORIS.
 - iii. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding PREA Reassessment note.

OP 810.2

II. Screenings and Assessments

- B. A counselor or other non-clerical facility staff must assess all offenders upon transfer from one DOC facility to another for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. (§115.41[a])
 1. A Classification Assessment must be completed and approved within 72 hours of arrival at the institution. (§115.41[b], §115.41[c])
 2. The Classification Assessment includes a review of the following factors: history of assaultive behavior, potential for victimization, history of prior victimization, special medical or mental health status, escape history, age, enemies, or offender separation information, and any other related information. §115.41[e])
 2. Institutional staff will use information from the Classification Assessment 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. (§115.42[a])

4. Utilizing the results of the Classification Assessment in VACORIS and available offender records, staff will screen the offender for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and will interview and evaluate the offender for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies. (5-3D-4281-2; 4-4281-2; §115.41[a], §115.41[d])
- d. In order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other offenders, responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness will only be disseminated in accordance with this operating procedure. (§115.41[i])
- e. Offenders will not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the Classification Assessment interview. (§115.41[h])
- D. Within 21 days from the offender's arrival at the institution, institution staff will meet with the offender and will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening. (§115.41[f])
 1. The PREA Reassessment 810_F1 must be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the institution.
 2. Completion of the Reassessment must be documented as a PREA Reassessment in the Facility Notes section of VACORIS.
 3. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding PREA Reassessment note.

OP 861.1

106. a. Sexual assault upon or making forcible sexual advances toward a non-offender (§115.78[e])
- b. Sexual assault upon or making forcible sexual advances toward an offender (§115.78[a, g])
Offenses 106a and 106b - An offender convicted of sexual assault and any offender victims should be referred to their counselor for reassessment of the offender's risk of sexual victimization or abusiveness. At the discretion of the Hearings Officer, a conviction of Offenses 233a and 233b may also warrant referral. (§115.41[g])

PREA Assessment Perception Memo dated April 30, 2015

This memorandum from the PREA Coordinator to the Wardens and Superintendents instructs those individuals completing the initial PREA Screening Tool to document if he/she perceives the offender to be or not to be gender non-conforming.

Offender Movement Reports/ Assessments and Reassessments

Within the Pre-Audit Questionnaire, the facility provided an example of a daily movement report with an identified offenders assessment and reassessment for each month from February of 2019 through April of 2020.

Memorandum

The Warden provided a Memorandum to the PREA Auditor dated July 1, 2020 relating that during the month of May and June of 2020, the facility did not have any intakes due to COVID-19.

Comments:

A review of the assessments showed that all information required by the standard was present. Interviewed offenders stated that they were given the PREA information upon arrival and usually was seen by the intake counselor the same day as their arrival. It is at this point that the initial assessment

is completed. If an offender chose not to answer any of the posed questions, there is not a consequence.

Dissemination of the results of the assessments are not available to all staff. Those with limited access are able to see a 'flag' on the offenders file in CORIS. Thus, are able to note those that are identified as High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV).

As noted previously in this report:

With the assistance of the PREA Compliance Manager, the auditor reviewed all fifty (50) interviewed offender files in CORIS (Correction Information System). Files were reviewed for date of entrance, date of intake assessment and date of reassessment. Reassessments are completed fourteen (14) to twenty-one (21) days after completion of the initial assessment. Only two files were found to have a late reassessment. Many assessments were substantially old, due to the length of time that the offenders had been at the facility. Those individuals were flagged for an updated review. Before the auditor left the facility, the majority had been completed.

During the review of the offender status, special note was taken of the determination to be at risk for sexual victimization or as a predator. These individuals were checked for their cell mate status. All were determined to be appropriately housed.

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 inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes 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 inmates given the opportunity to shower separately from other inmates? 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes
 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.

Materials Reviewed:

OP 038.3
 OP 425.4
 OP 730.2
 OP 810.1
 OP 810.2
 OP 830.5
 OP 841.2
 Mental Health Logs
 Interview with PREA Compliance Manager
 Interview with Staff Responsible for Risk Screening
 Interviews with Transgender/Gay/Bi-Sexual Offenders
 Site Review

OP 038.3

D. Offender Screening and Use of Screening Information

1. Utilizing the results of the offender’s Classification Assessment in VACORIS and available offender records, all offenders are screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior at intake, transfer, and as needed.
 (See Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, Operating Procedure 810.1, Offender Reception And Classification, And Operating Procedure 810.2, Transferred Offender Receiving and Orientation.)
2. Facility staff will use information from the offender’s Classification Assessment in determining

appropriate 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. (§115.42[a], §115.242[a])

- a. Staff will make individualized determinations about how to ensure the safety of each offender. (§115.42[b], §115.242[b])
 - b. 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 for transgender and intersex offenders; staff will take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems. (§115.42[c], §115.242[c])
 - i. A transgender or intersex offender's own views with respect to their own safety will be given serious consideration. (§115.42[e], §115.242[d])
 - ii. Lesbian, gay, bisexual, transgender, or intersex offenders will not be placed in a dedicated facility, housing unit, or wing solely on the basis of such identification or status. (§115.42[g], §115.242[f])
 - iii. Transgender and intersex offenders must be given the opportunity to shower separately from other offenders. (§115.42[f], §115.242[e])
 - iv. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria must be made by the Gender Dysphoria Committee.
3. Facility housing and programming assignments for each transgender and intersex offender must be reassessed at least twice each year to review any threats to safety experienced by the offender. (§115.42[d])
- a. The Institutional Program Manager (IPM) or designated staff for facilities without an IPM will pull the Facility Offender Alert custom report from VACORIS in the months of January and July in order to complete a six-month reassessment of housing and programs for all transgender and intersex offenders.
 - b. The staff member must meet with the offender to discuss their housing and program needs and to ensure their current assignments are still appropriate.
 - c. A note must be placed in VACORIS indicating the "six-month housing and program assignment reassessment completed" and documenting any necessary action taken regarding changes to housing and programs.
 - d. The IPM or designated staff will refer the offender to QMHP for follow-up, as needed.
 - e. All reassessments must be completed by the last day of the designated months.

OP 425.4

This policy is noted as "unauthorized dissemination, printing or copying is prohibited".

This policy focuses on housing assignments.

OP 730.2

5. The QMHP will notify facility staff responsible for making housing and programming assignments for transgender or intersex offenders of any relevant screening results that would present management or security problems so staff on a case-by-case basis can make a determination that best ensures the offender's health and safety. (§115.42[c], §115.242[c])

OP 810.1

- b. Information from the offender's Classification Assessment will be used by institutional staff in determining appropriate 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. (§115.42[a])
- e. When an offender indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a "six month follow up" alert will be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment will add the alert and

notify mental health staff by email. (§115.42[d])

OP 810.2

3. Institutional staff will use information from the Classification Assessment 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. (§115.42[a])
6. When an offender indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a “six month follow up” alert will be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment will add the alert and notify mental health staff by email. (§115.42[d])

OP 830.5

3. Classification to Protective Custody Units - The ICA under provisions of Operating Procedure 830.1, Facility Classification Management, should reach a decision for a protective custody assignment based on substantial, credible information, and after investigation as per Operating Procedure 830.6, Offender Keep Separate Management, which confirms the need for protective custody. For example, the offender:
 - d. High Risk Sexual Victim (HRSV) or Sexual Abuse Victim
 - i. The institution shall make individualized determinations about how to ensure the safety of each offender. (§115.42[b])
 - ii. In deciding whether to assign a transgender or intersex offender to a Protective Custody Unit, the institution shall consider on a case-by-case basis whether this placement would ensure the offender’s health and safety, and whether the placement would present management or security problems. (§115.42[c])
 - iii. A transgender or intersex offender’s own views with respect to their own safety shall be given serious consideration. (§115.42[e])

OP 841.2

2. The institution Work PAR should be responsible for: (Program Assignment Reviewer)
 - j. Reviewing the Classification Assessment in VACORIS, and ensuring that those offenders at high risk of being sexually victimized are separated from those at high risk of being sexually abusive (§115.42[a])

Mental Health Logs

The sample logs provided included the name and number of the offender, housing unit, strip search deviation form (example: Strip Search Female Only) and Accommodations (example: Endocrinology visits).

Along with the Mental Health logs were Officer Log Sheets showing “Six-month housing and program assignment reassessment. Completed with ...(offender’s name).

Comments:

Note: The facility is not under a consent decree.

Information gathered from the assessments and conversations with the QMHP and Unit Manager assist in determining programming, education, and work assignments. Quarterly meetings are held with the transgender populations. These meetings included those in a specified cluster (i.e.: S-1 alone, S-2 alone, S-3 alone). Several staff are present; Unit Manager, Compliance Manager, QMHP, etc. This format has worked well for both staff and offenders. Offenders feel free to voice any concerns and staff are able to respond.

Interviewed offenders state that they talk with their Unit Manager frequently and have meetings often. All shared that they have privacy when showering as they shower during lock-down on their units.

115.42(a): note prior standard

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 inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes 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 inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes 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

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.

Materials Reviewed:

OP 425.4
 OP 810.1
 OP 810.2
 OP 830.5
 Alternative Assessment Blank Form
 Quarterly Memorandums January 2019 through June 2020
 Interview of Staff
 Interview of Lead Warden
 Interviews with Senior Wardens
 Interview with Facility PREA Manager

The number of inmates at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0

From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

OP 425.4

This policy is noted as "unauthorized dissemination, printing or copying is prohibited".

The policy addresses the use of Restrictive Housing.

OP 810.1

vi. Offenders identified as HRSV will not be placed in the Restrictive Housing Unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP Psychology Associate, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. (§115.43[a]) (changed 5/1/19)

(a) If an assessment cannot be conducted immediately, the Shift Commander may place the offender on General Detention for no more than 24-hours while completing the assessment.

(b) Institutional staff must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted). (§115.43[d]) (added 5/1/19)

OP 810.2

f. Offenders identified as HRSV will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the Psychology Associate, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. (§115.43[a])

i. If an assessment cannot be conducted immediately, the Shift Commander may place the offender on General Detention for no more than 24-hours while completing the assessment.

ii. Institutional staff must clearly document the basis of the institution's concern for the offender's safety, and the reason why no alternative means of separation can be arranged in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted). (§115.43[d])

OP 830.5

5. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation or a restrictive housing unit without their consent by the ICA unless it has been determined that there is no available alternative means of separation from likely abusers. (see Operating Procedure 425.4, *Management of Bed and Cell Assignments* or Operating Procedure 425.4RH, *Management of Bed and Cell Assignments*, as applicable) (§115.43[a], §115.68)

a. The ICA must clearly document on the Institutional Classification Authority Hearing report the

basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68)

- b. Involuntary assignment to Segregation or a Restrictive Housing Unit shall only be made until an alternative means of separation from likely abusers can be arranged. (§115.43[c], §115.68)
- c. This assignment to segregation/ restrictive housing shall not ordinarily exceed a period of 30 days (§115.43[c], §115.68)
- d. 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/ Restrictive Housing and/or transferred to the DOC Protective Custody Unit. (§115.43[c], §115.68)
- e. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender's status. (§115.43[a], §115.68)

10. General Provisions of Protective Custody Units (§115.43[b], §115.68)

- a. To the extent feasible, Protective Custody Units should provide programs and services similar to those available to general population offenders.
- b. Institutions operating Protective Custody Units should develop Local Operating Procedures to specify the services and programs that will be available to protective custody offenders. Procedures should generally address the following programs and services:
 - i. Orientation
 - ii. Personal Property
 - iii. Visitation
 - iv. Legal Services/Law Library
 - v. Commissary purchases
 - vi. Education
 - vii. Medical Services
 - viii. Telephone Calls
 - ix. Work Assignments
 - x. Exercise
 - xi. Counseling
 - xii. Correspondence

Alternative Assessment Blank Form

This form known as the Sexual Abuse/Sexual Harassment Available Alternatives Assessment looks at whether an offender at high risk of sexual violence can be reassigned to another housing unit, if there is another alternative to involuntary segregation, if the offender can be transferred to another facility, was staff the alleged perpetrator and if so was he/she placed on administrative leave or moved to another post, was the alleged victim or offender reassigned to special housing/restrictive housing for protective custody and if and why restrictions apply to programs, privileges, education or work. This form is then to be emailed to the Regional PREA Analyst.

Quarterly Memorandums January 2019 through June 2020

These memorandums from the Warden to the PREA Auditor shared that no offenders were placed in Protective Custody.

Comments:

All interviewees shared that placement in a Restricted Housing status would be rare. They have the 'luxury' of moving offenders between housing units or to another cluster. If a situation were serious enough, an offender could be moved to another 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 inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes 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 inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

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 inmates? 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.

Materials Reviewed:

OP 038.1
OP 038.3
OP 801.6
OP 803.3
OP 866.1
Zero Tolerance
Action Alliance MOU
Monthly Sexual Abuse and Harassment Investigations
Interviews of Staff
Interviews of Inmates
Interview of PREA Compliance Manager
Site Review
PREA Posters
MOU with outside Advocacy Agency
Inmate Handbook

OP 038.1

7. Reporting of Sexual Misconduct

- c. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document verbal reports as an Internal Incident Report with PREA checked in the description field. (§115.51[c], §115.251[c])

OP 038.3

III. Detection and Reporting

A. Offender Responsibilities

- 1. Offenders can 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 staff member including chaplains, medical, mental health or counseling staff, security staff, or administrators. (4-4281-7; 4-4281-7; §115.51[a], §115.251[a])

- a. Any offender who is sexually assaulted must immediately notify staff that a sexual assault has occurred.
- b. Any offender who observes, is involved in, or has any knowledge or suspicion of a sexual assault or unauthorized relationship must immediately notify staff.
- c. Offenders are not required to report only to the immediate point-of-contact line officer; an offender may report such incidents to any staff member using any available manner to include:
 - i. Verbally in person to a staff member or through another third party who can assist the offender in filing requests for administrative remedies
 - ii. Verbally through the offender telephone system Sexual Assault Hotline Number #55
 - iii. Written using an Offender Request or Informal Complaint, Regular Grievance, or Emergency Grievance. (See Operating Procedure 801.6, Offender Services, and Operating Procedure)

3. Offenders can choose to report abuse and harassment to an advocate with the Action Alliance, a non-DOC organization, who is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to the DOC while allowing the offender to remain anonymous upon request. (§115.51[b], §115.251[b])

- a. An advocate with Action Alliance can be contacted verbally through the offender telephone system Sexual Assault Hotline Number #55, Option 2.
- b. Offenders can also anonymously report sexual abuse and sexual harassment in writing directly to the Action Alliance at P.O. Box 17115, Richmond, Virginia 23226.

B. Staff, Volunteer, and Contractor Responsibilities

- 2. Staff must accept all reports made verbally, in writing, anonymously and from third parties alleging sexual assault and must promptly document verbal reports as an Internal Incident Report with PREA checked in the description field in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§115.51[c], §115.251[c])
 - d. Staff can privately report the sexual abuse and sexual harassment of offenders through the established reporting hotline at 855-602-7001. (§115.51[d], §115.251[d])

OP 801.6

A. Access to Services

3. Offender Request Alleging Sexual Abuse and Sexual Harassment

- a. 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. (§115.51[a], §115.251[a])
- b. 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. (§115.51[c], §115.251[c])

OP 803.3

- 5. PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available. (§115.51[a], §115.251[a])

OP 866.1

C. Grievances Regarding Sexual Abuse and Sexual Harassment

- 1. The Offender Grievance Procedure is one of 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. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional reporting information. (§115.51[a])

2. 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. (§115.51[c])

F. Informal Complaints Related to Sexual Abuse or Sexual Harassment

2. 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. (§115.51[c])
3. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

B. Intake

2. 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 Unit Head and facility PREA Compliance Manager. (§115.51[c])
The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

D. Intake

2. Staff shall accept any report of PREA related issues made through an Emergency Grievance 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. (§115.51[c])
The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

Zero Tolerance

The agency utilizes three (3) Zero Tolerance formats, English, Spanish and Braille. Contact information is readily available.

Action Alliance MOU

As noted earlier in this report, the contracts with Action Alliance commenced in 2013. Copies of each year's subsequent renewal was reviewed by the auditor. (Hotline and Advocacy Services)

Monthly Sexual Abuse and Harassment Investigations

Sixty-six investigations were provided to and reviewed by the auditor via the PAQ. These investigations included notifications being verbal, anonymous, third-party and written. All were investigations were completed consistently. (February 2019 through June of 2020.)

Comments:

Note: The facility does not hold inmates solely for immigration purposes.

The facility has multiple ways in which an offender can report sexual abuse or sexual harassment.

✓ #55

This telephone access is to Action Alliance. By pressing 1, the offender is able to leave a message. By pressing 2, an offender can speak directly with a staff member.

Although, this service can be utilized for anonymity, offenders are informed that cameras in the unit record who is using the phone at a specific time.

Action Alliance will notify the facility of any report of sexual harassment and sexual abuse that is received.

- ✓ Offenders can write to Action Alliance. Anonymity can be requested.
- ✓ Boxes within the Units
- ✓ Request Forms

- ✓ Speaking to Staff (any)
- ✓ Third Party (Form is on the VA DOC website)
- ✓ Emergency Grievance
- ✓ Complaint Form

Staff members state they can utilize many of the formats listed above, including speaking privately with their supervisor unless that person is the person being reported. If so, they would report 'up the chain'.

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes 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 inmates 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

Materials Reviewed:

OP 038.3
 OP 861.1
 OP 866.1
 Monthly Memorandums / February 2019 – June 2020
 Offender Orientation Manual
 Inmate Handbook
 Interview with Inmates who Reported a Sexual Abuse
 Interview with Supervisors

The past 12 months:

The number of grievances filed that alleged sexual abuse: 0

The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: n/a

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: n/a

In cases where the agency requested an extension of the 90 day-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve: No

The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances that had an initial response within 48 hours: n/a

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0

OP 038.3

A. Offender Responsibilities

- d. There is no time limit on when an offender may submit a Complaint, Informal Complaint, or Regular Grievance, regarding an allegation of sexual abuse. (See Operating Procedure 866.1, Offender Grievance Procedure, and Operating Procedure 866.2, Offender Complaints, Community Corrections.) (§115.52[b], §115.252[b])
2. Third parties including other offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and are also permitted to file such requests on behalf of offenders. (§115.52[e], §115.252[e])
 - a. If a third-party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf, as a condition of processing the request. The alleged victim will also be required to personally pursue any subsequent steps in the administrative remedy process.
 - b. If the offender declines to have the request processed on their behalf, facility staff must document the offender's decision.

OP 861.1

121. False statements or charges against an employee

Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints against employees. The purpose of this offense is to prevent offenders from fabricating charges against corrections employees.

Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation.

The employee who is the subject of the statement/charge will not be the Reporting Officer.

This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute

falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.52[g], §115.78[f])

206. Lying or giving false information to an employee
This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred.

Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.52[g], §115.78[f])

OP 866.1

C. Grievances Regarding Sexual Abuse and Sexual Harassment

3. Each institution shall ensure in its Implementation Memorandum that: (§115.52[c])
 - 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

G. Written Responses with Reasons

2. Dispositions
3. Employees who are the subject of the issue being grieved will not be the respondent to a grievance, but may offer information during the investigation of the complaint. (§115.52[c(2)])

J. Disciplinary Action

3. 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. (§115.52[g])

F. Informal Complaints Related to Sexual Abuse or Sexual Harassment (moved 8/16/16)

1. 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. (§115.52[b(3)])
3. The facility PREA Compliance Manager shall notify the Regional PREA Analyst.

VI. REGULAR GRIEVANCE PROCEDURE

A. Initiation of Regular Grievance

- c. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. (§115.52[b])
 - i. Otherwise-applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse.
 - ii. Nothing in this section shall restrict DOC ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired
3. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates shall be permitted to assist offenders in filing offender grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. (§115.52[e])
 - a. Third party filing of a request for administrative remedies relating to allegations of sexual abuse should be submitted through the facility PREA Compliance Manager.
 - b. If a third party files such a request on behalf of an offender, the institution will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and will also require the alleged victim to personally pursue any subsequent steps in the grievance process.
 - c. If the offender declines to have the request processed on his or her behalf, the institution shall document the offender's decision.

7. Special Concerns during the Intake Process

- a. Allegations of Sexual Abuse, Physical Assault, or Criminal Activity
 - i. Grievances alleging sexual abuse, physical assault, or criminal activity by employees or offenders should be brought to the attention of the Facility Unit Head when received.
 - ii. The grievance should be logged and receipted according to the intake criteria and time limits.

D. Time Limits

3. Specified Time Limits - Time limits for responses at each level for regular grievances are as follows: (§115.52[d])
 - . Level I 30 calendar days
 - . Level II 20 calendar days
 - . Level III 20 calendar days
4. Authorized Continuances - 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). (§115.52[d(3)])
5. Expiration of a time limit (to include any authorized continuance) at any stage of the process shall be considered a denial and shall qualify the grievance for appeal to the next level of review. (§115.52[d(4)])
 - a. The grievance will be returned promptly to the offender.
 - b. The respondent will advise the offender on the grievance form of the option to advance the grievance and the appeal information (name/ address for the next level of review).

VII. EMERGENCY GRIEVANCES

- A. 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. (§115.52[f(1)])
4. 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. (§115.52[f(2)])

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.

Monthly Memorandums / February 2019 – June 2020

For each month starting in February of 2019, the facility provided either memorandums stating that there were no reports filed by means of a Grievance, regular or emergency or by a third party. If there was an investigation attached to a grievance, the investigation report was attached.

Offender Orientation Manual

This manual contains a well described Grievance Procedure starting with what is grievable and non-grievable. It then moves into grievances regarding sexual abuse and sexual harassment, how to file grievances, why a grievance may be returned, emergency grievances, appeals, and time limits.

Comments:

Policy follows the standards listed in 115.52. As there were no emergency grievances filed, none were reviewed. The investigation noted in Monthly Memorandums was reviewed.

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 inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes 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 inmates 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

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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.

Materials Reviewed:

OP 038.3
Zero Tolerance Handouts – English, Hearing Impaired and Spanish
MOU with Action Alliance
Handbooks
Brochure - PREA
Poster
Notices
Interviews with Inmates
Interviews with Inmates who Reported Sexual Abuse
MOU with Advocacy Agencies
Site Review

OP 038.3

B. Offender access to free outside confidential support services

1. The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to free confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA/ADA Supervisor. (§115.53[c], §115.253[c])
2. Offenders should contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for information on accessing outside victim advocates for free emotional support services related to sexual abuse or may utilize the Sexual Abuse Hotline (#55), Option 2. (§115.53[a], §115.253[a])
3. The facility will 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. (§115.53[b], §115.253[b])
4. The facility will enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. (§115.53[a], §115.253[a])

Zero Tolerance Handouts – English, Hearing Impaired and Spanish

These papers have been referenced several times within this report. It addresses the Department's zero tolerance for sexual abuse and sexual harassment, knowing your rights and how to report.

MOU with Action Alliance

This MOU has also been addressed numerous times within this report. The facility has provided copies of the original MOU dated 2013 and its yearly renewals. (Advocacy)

Comments:

Please review response in Standard 115.51.

Note: The facility holds no offenders detained solely for immigration purposes.

Please note previously reported Memorandum of Understanding with Action Alliance.

In addition, interviews with offenders showed their understanding of the options that they have to report sexual abuse and sexual harassment.

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

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Materials Reviewed:

OP 038.3
Public Website
Third Party Reporting Form – English and Spanish
Snapshot – External Webpage

OP 038.3

- c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site. (§115.54, §115.254)

Public Website

The agency website shares the Departments zero-tolerance to sexual abuse and sexual harassment. The website also provides the telephone number for a 24/7 confidential hotline, a link to a third-party complaint (English and Spanish) and an e-mail address.

Snapshot – External Webpage

This link within the website allows individuals to contact the department with questions, concerns, or comments.

Comments:

As noted above, the agency website shares the Departments zero-tolerance to sexual abuse and sexual harassment. The website also provides the telephone number for a 24/7 confidential hotline, a link to a third-party complaint (English and Spanish) and an e-mail address.

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 inmates 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 inmates 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

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Materials Reviewed:

OP 030.4
OP 038.1
OP 038.3
OP 720.2
OP 720.7
OP 730.2
OP 801.6
Allegations / Memorandums
Interview with Lead Warden
Interview with Senior Warden
Interview with PREA Manager
Interviews with Staff
Interviews with Mental Health Staff

OP 030.4

G. Prison Rape Elimination Act (PREA) Investigations

3. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation. (§115.61[e], §115.261[e])

OP 038.1

7. Reporting of Sexual Misconduct

- a. Any employee, volunteer, or contractor shall immediately report to their 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 shall be submitted with PREA checked in the description field; a PREA Report of Incident Review 038_F11 may be required at the conclusion of the investigation. (§115.61[a], §115.261[a]) (changed 6/1/19)

- b. 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. (§115.61[b], §115.261[b])

OP 038.3

3. Staff, volunteers, and contractors must immediately report to their supervisor, or the OIC any knowledge, suspicion, or information on the following incidents; and if applicable, an Incident Report will be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents. (§115.61[a], §115.261[a])

- a. Staff, volunteers, and contractors must immediately report the following: (§115.61[a], §115.261[a])
 - i. Any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOC
 - ii. Any incident of retaliation against staff or offenders who reported sexual abuse or sexual harassment
 - iii. Any incident of staff neglect or violation of responsibilities that may have contributed to the sexual abuse or sexual harassment and/or retaliation
- b. If the alleged victim is under the age of 18, aged, incapacitated, or offenders who are receiving services from a Licensed DOC Mental Health Program, the Organizational Unit Head, or Administrative Duty Officer in their absence, is required to immediately report any alleged abuse to the local Department of Social Services. (§115.61[d], §115.261[d])
- c. Apart from reporting to designated supervisors or officials, staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions. (§115.61[b], §115.261[b])

OP 720.2

3. All offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a Medical or Mental Health Screening, Appraisal, or Examination. (§115.61 [c], §115.261[c])

OP 720.7

- D. At the initiation of services, medical and mental health practitioners will be required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality. (5-6C-4406; 4-4406, §115.61[c], §115.261[c])

OP 730.2

- b. Any QMHP, who has knowledge, suspicion, or information regarding an incident or alleged incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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, must immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head. (§115.61[a], §115.261[a])

(a) Before beginning the *Sexual Assault Assessment*, the QMHP will advise the offender of the practitioner's duty to report, and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation in accordance with Operating Procedure 730.6, *Mental Health Services: Confidentiality*. (§115.61[c], §115.261[c])

OP 801.6

A. Access to Services

- c. 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. (§115.61[b], §115.261[b])

Allegations / Memorandums

The facility provided an investigation per month from March of 2019 through February 2020, that was initiated due to a call to the PREA Hotline. The auditor reviewed each investigation.

Comments:

All staff interviews indicated that the importance of an immediate report of suspicion, knowledge or information was critical for investigation purposes. Information is considered confidential unless part of their reporting for the investigation.

Note: Information is first reported to the supervisor, who then notifies INTEL. The first notification to the supervisor is to ensure that the appropriate steps are taken at the beginning of an assault.

For each appropriate appointment with medical and mental health staff, offenders are provided information with the provider's duty to report and limitations of confidentiality.

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

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Materials Reviewed:

OP 038.3

OP 730.2

OP 830.6

Quarterly Memorandums January 2019 through June 2020

Interview with Lead Warden

Interviews with Senior Wardens

Interviews with Staff

In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0

If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: n/a

The longest amount of time elapsed before taking action, if not immediate (please explain): n/a

OP 038.3

B. Staff, Volunteer, and Contractor Responsibilities

1. When a staff member, volunteer, or contractor learns that an offender is subject to a substantial risk of imminent sexual abuse, the individual must notify their supervisor, or the Officer-in-Charge (OIC) so that immediate action can be taken to protect the offender. (§115.62, §115.262)

OP 730.2

- d. An offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g])
 - i. The QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined that the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization, (§115.62, §115.262)

OP 830.6

Keep Separate - A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; "Keep Separate" determination is not required but may be based on:

- The offender is subject to a substantial risk of sexual abuse from a specific, identified offender (§115.62)

Quarterly Memorandums January 2019 through June 2020

Each of these Memorandums from the Warden to the PREA Auditor states: "This is to advise that between April and June 2020, Greenville Correctional Center did not have any PREA allegations that required immediate steps to protect an offender."

Comments:

All interviews conducted shared that there is to be immediate action if there is a suspicion or information that an offender is in immediate risk of sex abuse. Many staff noted that they would immediately remove the offender from his location. Others noted that they would immediately contact a supervisor. It should be noted that all stated that they would take immediate action.

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

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Materials Reviewed:

OP 030.4

OP 038.3

Memorandums/Notifications

Interview with Lead Warden
Interview with Senior Wardens
Interview with Facility Compliance Manager
Documentations of Notifications

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0
In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 2

OP 030.4

G. Prison Rape Elimination Act (PREA) Investigations

2. 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 (§115.63[d], §115.263[d])

OP 038.3

5. Any staff member, volunteer, or contractor, who receives an allegation that an offender was sexually abused while confined at another facility, must notify the Organizational Unit Head.
 - a. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (§115.63[a], §115.263[a])
 - i. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. (§115.63[b], §115.263[b])
 - ii. The Organizational Unit Head or designee must document that it provided such notification. (§115.63[c], §115.263[c])
 - b. The facility head or agency office that receives the notification is responsible for ensuring that the allegation is investigated in accordance with the requirements of the Prison Rape Elimination Act National Standards. (§115.63[d], §115.263[d])

Memorandums/Notifications

The facility provided memorandums during the months where there were no allegations to or from the facility. It also provided documentation and investigations of allegations received.

Comments:

The two (2) allegations received from other institutions was reviewed by the auditor. Notifications and investigations were completed as required both by policy and standards.

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

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Materials Reviewed:

OP 030.4
 OP 038.3
 OP 075.1
 Memorandums/Incidents February 2019 – June 2020
 Interviews with Staff
 Investigation Files

In the past 12 months, the number of allegations that an inmate was sexually abused: 21
 Of these allegations, the number of times the first security staff member to respond to the report

separated the alleged victim and abuser: 21
In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 5

Of these allegations the number of times the first security staff member to respond to the report: 5

Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Requested 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.

Ensured 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.

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 4

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 4

OP 030.4

10. 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 crime scenes until released to the responding Special Agent.
 - c. 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: (§115.64[a], §115.264[a])
 - i. Separate the alleged victim and abuser
 - ii. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
 - iii. 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.
 - iv. 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.

OP 038.3

IV. Response

B. Facility Staff Responsibilities

1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security staff member to respond to the report will be required to: (§115.64[a], §115.264[a])
 - a. Separate the alleged victim and abuser to ensure the victim's safety. (§115.82[b], §115.282[b])
 - b. Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence and.
 - c. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating,

drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence

- d. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, 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.
- e. If the first staff responder is not a security staff member, the responder will be required to ensure the victims safety, request that the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC. (§115.64[b], (§115.82[b], §115.264[b], §115.282[b])

OP 075.1

This policy is marked "Unauthorized dissemination, printing, or copying is prohibited."
This policy addresses the Sexual Assault Response Checklist.

Memorandums/Incidents February 2019 – June 2020

The facility provided memorandums from the Warden to the PREA Auditor for those months where the sexual abuse response checklist was not utilized. The memorandums read: "Please be advised that during, Greenville Correctional Center did not have any incidents requiring completion of a Sexual Assault Checklist."

Six (6) Sexual Assault Checklists were provided in the PAQ for incidents of reported sexual abuse. All were filled out properly.

Comments:

Reviews of the Investigation files showed that the Sexual Assault Checklists were completed as required. Interviews with staff showed that all knew the proper sequence to take upon learning of the allegation. As reported previously, it is usually SIU that gathers the physical evidence. Secondly, INTEL could complete the process.

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.

Materials Reviewed:

OP 038.3

OP 075.1

Sexual Assault Response Checklist Form

PREA Written Plan – Greenville

Sexual Assault Checklist – Greenville

Interview of Lead Warden

Discussion with PREA Analyst

OP 038.3

IV. Response

- A. Each facility will develop a written 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. (See Sexual Assault Response Checklist 038_F6.) (§115.65, §115.265)

OP 075.1

This policy is marked "Unauthorized dissemination, printing, or copying is prohibited."

This policy addresses the Sexual Assault Response Checklist.

Sexual Assault Response Checklist Form

This form contains the following points: Facility, Date and Time, Incident Location, Checklist Completed by, Alleged Victim (Name and Offender Number), Alleged Abuser (Name and Offender Number), Tasks, Needed, Accomplished by, Time and Initials.

PREA Written Plan – Greenville

The documented plan for this facility is dated February 12, 2020. It contains the Purpose, Allegation Types and Definitions, Immediate Reporting of Allegation, Sexual Assault/Sexual Abuse Protocol, Preliminary Investigation (Except for Sexual Assault or Sexual Abuse), Investigation of Sexual Assault/Sexual Abuse Allegation, GRCC Administration Responsibilities and PREA Incident Review and Data Collection.

Sexual Assault Checklist – Greenville

The facility Checklist mimics the Department Checklist.

Comments:

As previously shared, while reviewing the Sexual Assault Response Checklist, the auditor found that one action was missing. When shared with the PREA Analyst, the form was immediately fixed. (When the form was updated in 2019, it was inadvertently left off. The original form from 2016 was reinstated.)

This was verified in the form of an email from Central Office to the facilities stating that the original 2016 form is to be utilized.

The form includes Date/Time, Incident Location, Checklist Completed By, Reported By, Brief Description of Incident, Alleged Victim/s (name and offender number), Alleged Abuser/s (name, offender number or staff position), Task, Not Needed, Accomplished by, Time and Initials.

Standard 115.66: Preservation of ability to protect inmates 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 inmates 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

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.

Materials Reviewed:

Memorandum dated April 22, 2013

Memorandum dated April 22, 2013

To: All Wardens and Superintendents
From: Liz Thornton, Operations Manager, Support
Subject: PREA Compliance – Standard 115.66 & 115.266

In accordance with the Code of Virginia, collective bargaining is prohibited. Per§ 40.1-57.2, "no state county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service."

This memo should be retained for your ACA file, as primary documentation that this standard is non-applicable.

Please feel free to contact your Regional PREA Analyst or myself if you have any questions or concerns."

Comments:
None.

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 inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes 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 inmates 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes 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 inmates, 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.

Materials Reviewed:

OP 038.3
OP 075.5
OP 135.2
Memorandums / Logs
Interview with Lead Warden
Interview with Senior Wardens
Interview with Facility PREA Manager
Inmates who Reported a Sexual Abuse

The number of times an incident of retaliation occurred in the past 12 months: 0

OP 038.3

VII. Protection against Retaliation

- A. All staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff. (§115.67[a], §115.267[a])
 1. Allegations of retaliation will be reported through the same methods as available for reporting sexual abuse or sexual harassment.
 2. Such allegations must be investigated in the same manner as allegations of sexual abuse.
- B. Multiple measures are available to protect staff and offenders from retaliation; such measures include housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. (§115.67[b], §115.267[b])
 1. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation, 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 will act promptly to remedy any such retaliation. (§115.67[a], §115.67[c], §115.267[a], §115.267[c])
 - a. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
 - b. The PREA Compliance Manager must continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

2. In the case of offenders, such monitoring will also include periodic status checks. (§115.67[d], §115.267[d])
3. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Facility Unit Head must take appropriate measures to protect that individual against retaliation. (§115.67[e], §115.267[e])
4. The obligation to monitor will terminate if the investigation determines that the allegation is unfounded. (§115.67[f], §115.267[f])

OP 075.5

- A. Mission of the Critical Incident Peer Support Team
3. Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and are in need of or request emotional support services should be referred to the Employee Assistance Program (EAP). (§115.67[b], §115.267[b])

OP 135.2

- E. All offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff. (§115.67[a, c], §115.267[a, c])
 1. The Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of offenders or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment.
 - a. Designated staff will monitor for retaliation at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff.
 - b. If the initial monitoring indicates a continuing need, designated staff will continue monitoring beyond 90 days and notify the unit PREA Compliance Manager.
 2. Any employee or supervisor who witnesses or becomes aware of retaliation must immediately report the incident to their supervisor, the officer in charge, or the Organizational Unit Head, such incidents must be investigated and reported to the unit PREA Compliance Manager.

Memorandums / Logs

From January 2019 through December 2019, March of 2020 and January through June of 2020, the facility provided quarterly reports from the Warden to the PREA Auditor stating "This is to advise that between and, Greenville Correctional Center did not have any offenders who required protective measures." For the other months the facility provided Monitoring Logs for several offenders. The logs included the monitoring for Disciplinary Reports, Housing Changes, Program/Job Changes; all on a thirty (30), sixty (60) and ninety (90) day sequence.

Comments:

When reviewing the Monitoring Logs, notes were taken by the PREA Manager at the bottom of the form. The auditor suggested that in the sections noted for time frames, she repeats the dates of the review.

Documentation of the personal contact reviews, as noted above addressed housing changes, problems which occurred and actions taken. Some monitoring lasted longer than the required ninety (90) days.

Anyone in need of review, is added to the Logs.

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

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.

Materials Reviewed:

OP 425.4
OP 830.5
Alternative Assessment
Memorandums January 2019 – June 2020
Interview with Lead Warden
Interview with Senior Wardens
Interview with PREA Manager
Interview with Staff who Supervises Inmates in Segregated Housing
On-Site Visit

The number of Inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completions of assessment: 0

In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0

From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: 0

(a) A statement of the basis for facility's concern for the inmate's safety

- (b) The reason or reasons why alternative means of separation could not be arranged.

OP 425.4

This policy is marked “Unauthorized dissemination, printing, or copying is prohibited.”
This policy addresses the use of restricted housing for sexual abuse victims.

OP 830.5

5. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation or a restrictive housing unit without their consent by the ICA unless it has been determined that there is no available alternative means of separation from likely abusers. (see Operating Procedure 425.4, Management of Bed and Cell Assignments or Operating Procedure 425.4RH, Management of Bed and Cell Assignments, as applicable) (§115.43[a], §115.68)
 - a. The ICA must clearly document on the Institutional Classification Authority Hearing report the basis for the institution’s concern for the offender’s safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68)
 - b. Involuntary assignment to Segregation or a Restrictive Housing Unit shall only be made until an alternative means of separation from likely abusers can be arranged. (§115.43[c], §115.68)
 - c. This assignment to segregation/ restrictive housing shall not ordinarily exceed a period of 30 days (§115.43[c], §115.68)
 - d. 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/ Restrictive Housing and/or transferred to the DOC Protective Custody Unit. (§115.43[c], §115.68)
 - e. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender’s status. (§115.43[a], §115.68)

10. General Provisions of Protective Custody Units (§115.43[b], §115.68)
 - a. To the extent feasible, Protective Custody Units should provide programs and services similar to those available to general population offenders.
 - b. Institutions operating Protective Custody Units should develop Local Operating Procedures to specify the services and programs that will be available to protective custody offenders. Procedures should generally address the following programs and services:
 - i. Orientation
 - ii. Personal Property
 - iii. Visitation
 - iv. Legal Services/Law Library
 - v. Commissary purchases
 - vi. Education
 - vii. Medical Services
 - viii. Telephone Calls
 - ix. Work Assignments
 - x. Exercise
 - xi. Counseling
 - xii. Correspondence

Alternative Assessment

The Sexual Abuse/Sexual Harassment Available Alternatives Assessment is utilized for those offenders who are at high risk of sexual assault and sexual abuse. If this assessment could not be conducted immediately, the facility could hold the offender in involuntary segregation for up to 2 hours while completing the assessment. Questions within the assessments looks for justification in why alternative housing could not be utilized.

Memorandums January 2019 – June 2020

The memorandums were written to the PREA Auditor from the Warden stating: "This is to advise that between ... and ... 2020, Greensville Correctional Center did not have any allegations that required the use segregated housing to protect inmates who alleged to have suffered sexual abuse."

Comments:

As mentioned previously in this report, there have been no offenders assigned to the restricted housing unit within the past year. The facility has many options other than placement in this building, to include movement to another housing unit, movement to another cluster or movement to another facility.

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.

Materials Reviewed:

OP 030.4
 OP 038.3
 SIU Specialized Training 2018
 Virginia DOC Investigation Specialized Training / Module 2 / Legal Issues and Agency Liability
 Virginia DOC Investigation Specialized Training / Investigating Sexual Misconduct and Abuse:
 Implications of the Prison Rape Elimination Act
 Investigations Matrix
 Memorandums February 2019 through June 2020
 Greenville Investigators Certificates and Training Records
 Interview with Lead Warden
 Interview with Senior Wardens
 Interview with PREA Coordinator
 Interview with PREA Compliance Manager
 Interviews with Investigative Staff
 Interviews with Inmates who Reported a Sexual Abuse
 Review of Investigative Files
 Review of Administrative Investigation reports
 Review of Criminal Investigation Reports

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0 - SIU

OP 030.4

G. Prison Rape Elimination Act (PREA) Investigations

5. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations. (§115.71[b], §115.271[b])

- a. 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: (§115.34[a], §115.234[a], §115.34[b], §115.234[b])
 - 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.
- b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. (§115.34[c], §115.234[c])
6. All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (§115.71[a], §115.271[a])
8. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. (§115.71[c], §115.271[c])
9. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. (§115.71[d], §115.271[d])
10. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. (§115.71[e], §115.271[e])
11. Administrative investigations (§115.71[f], §115.271[f])
 - a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - b. 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.
12. 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. (§115.71[g], §115.271[g])
13. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. (§115.71[h], §115.271[h])
14. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. (§115.71[j], §115.271[j])

OP 038.3

V. Investigation

- A. An administrative or criminal investigation conducted in accordance with PREA standards must be completed and documented for all allegations of sexual abuse and sexual harassment. (5-3D-4281-3; 4-4281-3; §115.22[a], §115.222[a], §115.71[k], §115.271[k])
 1. If the alleged abuser is staff, the staff member must be reassigned to a post with no offender contact, suspended, or placed on pre-disciplinary leave with pay based on circumstance or situation, pending completion of the investigation as outlined in Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.

2. Upon receipt of an allegation of sexual abuse, investigative staff will have 30 days to complete an administrative investigation into the allegation.
 - a. The initial investigation will be conducted by the Facility Investigator or other staff member who has received the required specialized training to conduct sexual abuse investigations.
 - b. If it is determined that the investigation will not be completed within 30 days, the Facility Investigator must contact the Regional PREA Analyst to discuss an extension.
 - c. When the Regional PREA Analyst determines that an extension is needed, periodic updates must be provided at an interval deemed appropriate by the Regional PREA Analyst.
 - d. If a determination is made that the sexual abuse allegation will be handled by SIU, the Facility Investigator will notify the Regional PREA Analyst.
5. Upon completion of the investigation, a PREA Investigative Report 038_F9 must be completed and submitted to the facility PREA Compliance Manager who will review the Investigative Report and ensure that each required component of the Report is addressed.
 - a. The investigative report must include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and any investigative facts and findings. (§115.71[f(2)], §115.271[f(2)])
 - b. The facility PREA Compliance Manager will complete a PREA Investigative Report Checklist 038_F10, and submit a copy of the PREA Investigative Report 038_F9 and the PREA Investigative Report Checklist to the Facility Unit Head, Regional PREA Analyst, PREA/ADA Supervisor, and PREA Hotline Coordinator within seven working days.

C. Data storage, publication, and destruction

1. The Organizational Unit Head must ensure that 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 are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. (5-3D-4281-8; 4-4281-8; §115.71[i], §115.271[i])

SIU Specialized Training 2018

As mentioned previously the facility provided the specialized training certificates of the investigators.

Virginia DOC Investigation Specialized Training / Module 2 / Legal Issues and Agency Liability

This curriculum/training (written by the Moss Group) was utilized with department investigators.

Virginia DOC Investigation Specialized Training / Investigating Sexual Misconduct and Abuse: Implications of the Prison Rape Elimination Act

This curriculum/training (written by the Moss Group) was utilized with department investigators.

Investigations Matrix

This Matrix is mentioned earlier in this report. This is how it is broken out:

Investigations Handled by Facility - Initial PREA, Fraternalization and harassment allegations
(closed if unfounded)

Investigations Started at Facilities and Passed on to SIU - Confirmed PREA allegations

Investigations Handled by SIU - Confirmed PREA allegations, Confirmed fraternization, Sexual assault
(Examples: rape, forcible sodomy)

Memorandums February 2019 through June 2020

The facility provided memorandums from the Warden to the PREA Auditor stating, "This is to advise that between ... and ..., Greensville Correctional Center did not have any PREA allegations that required a referral for prosecution." Also included were copies of investigations.

Greenville Investigators Certificates and Training Records

Included in the PAQ is the training records/certificates for the facility investigators.

Comments:

As previously stated, the Greenville Correctional Center's Intelligence Unit investigate those cases that are Administrative in nature and those sexual abuse allegations that do not rise to the level of criminal action. The Department of Corrections SIU (Special Investigations Unit) handles those cases which appears to be criminal. All investigation files that were reviewed were complete.

As noted earlier in this report:

Fifteen (15) files in INTEL were reviewed from 2019 and 2020, which resulted in one (1) substantiated case and fourteen (14) unsubstantiated. One (1) investigation was started due to an anonymous report so no response letter was completed and one (1) was without a letter (April of 2019). The remaining all received a response letter and provided a signature showing it was received. All included a check list addressing interviews, evidence, prior complaints, and credibility. All had documentation of a Review Committee response.

Five (5) SIU investigations had just been completed by the Unit. The facility review team has not met yet, as the PREA Analyst must review the conclusions before it is moved to the facility. Four (4) investigations were forwarded to the Commonwealth Attorney. The remaining one (1) was not forwarded as to the offender not wanting it sent. (Could possibly be a non-solid case.)

Note: See training verifications and retention of records.

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.

Materials Reviewed:

OP 135.2
OP 861.1
Memorandum from the Lead Warden
Interviews with Investigative Staff
Investigation File Review

OP 135.2

- 6. A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated. (§115.72, §115.272)

OP 861.1

- 13. The Hearings Officer shall make a fair decision
 - b. A preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt. (§115.72)

Memorandum from the Warden

This memorandum from the Warden to the PREA Auditor is dated February 10, 2020 states “This is to advise that no standard higher of the preponderance of the evidence is utilized when determining whether an allegation of sexual abuse or sexual harassment is substantiated.”

Comments:

Investigation File reviews showed that evidence is reviewed carefully for determination of findings.

Standard 115.73: Reporting to inmates

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 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 posted within the inmate'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

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.

Materials Reviewed:

OP 030.4
OP 038.3
Monthly Investigative Reports
Inmate Notices of Determination of PREA Allegation
Interview with Lead Warden
Interviews with Investigative Staff
Interviews with Inmates who Reported a Sexual Abuse
Review of Sexual Abuse Investigations

In the past 12 months:

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 21

Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified verbally or in writing of the results of the investigation: 21

In the past 12 months:

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 0

Of the outside agency investigations of alleged sexual abuse, the number of inmates alleging sexual abuse in the facility who were notified verbally or in the writing of the results of the investigation: 0

In the past 12 months:

The number of notifications to inmates that were provided pursuant to this standard: 168

The number of those notifications that were documented: 168

OP 030.4

15. Upon completion of the investigation, SIU should report to the Facility Unit Head to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. (§115.73 [a], §115.273[a])

OP 038.3

B. Reporting to offenders

1. Following an investigation into an offender's allegation that they suffered sexual abuse in a DOC facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (See Attachment 3, Response to Offender PREA Allegation - Sample Letters.) (§115.73[a], §115.273[a])
 - a. Following an offender's allegation that a staff member committed sexual abuse against the offender, the PREA Compliance Manager or investigator must subsequently inform the offender

whenever: (§115.73[c], §115.273[c])

- i. The allegation has been determined to be unfounded
 - ii. The allegation has been determined to be unsubstantiated
 - iii. The staff member is no longer posted within the offender's unit
 - iv. The staff member is no longer employed at the facility
 - v. The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility
 - vi. The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- b. Following an offender's allegation that they have been sexually abused by another offender, the PREA Compliance Manager or investigator must subsequently inform the alleged victim whenever: (§115.73[d], §115.273[d])
- i. The allegation has been determined to be unfounded
 - ii. The allegation has been determined to be unsubstantiated
 - iii. The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility
 - iv. The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility
- c. All such notifications or attempted notifications must be documented and sent to the offender in the same manner as legal mail. (See Operating Procedure 803.1, Offender Correspondence, for legal mail requirements.) (§115.73[e], §115.273[e])
- d. Any obligation to report under this standard terminates if the offender is released from DOC custody. (§115.73[f], §115.273[f])

Monthly Investigative Reports

The facility provided documentation of Investigative Reports and letters of the Findings provided to the offender from February of 2019 through June of 2020. In all cases, offenders signed-off on their letters of findings. Exception: In one case, the investigation was completed on January 7, 2020, but the offender was released on December 31, 2019.

Comments:

Note: File reviews where there was an allegation against staff had a finding of unsubstantiated. All offenders were notified of the findings, via letter form (with offender's signature).

See information prior in this report.

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

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.

Materials Reviewed:

OP 135.1
OP 135.2
Memorandums

In the past 12 months:

The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0

The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

OP 135.1

V. GROUPS OF OFFENSES AND MITIGATING CIRCUMSTANCES

A. General Expectations

8. 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 responsibility for reporting the employment action to any relevant licensing bodies and to law enforcement agencies unless the activity was clearly not criminal. (§115.76[d], §115.276[d])

OP 135.2

1. 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. (§115.76[a], §115.276[a])
2. Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. (§115.76[b], §115.276[b])
3. Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will 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. (§115.76[c], §115.276[c])
4. 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, must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. (§115.76[d], §115.276[d])

Memorandums January 2019 – June 2020

Quarterly memorandums from the Warden to the PREA Auditor stated: "This is to advise that between ... and, Greenville Correctional Center did not have any referrals to licensing bodies." Additional memorandums stated: "This is to advise that between ... and ..., ... Greenville Correctional Center did not have any staff disciplinary sanction for violation of sexual abuse or harassment."

Comments:

As noted, the facility has not had a situation that has resulted in disciplinary sanctions for staff since January of 2019. The auditor was told that if was to occur, policy would be followed. Note that the policy reflects the standard for staff discipline.

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 inmates? 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 inmates? 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.

Materials Reviewed:

OP 027.1
OP 135.2
Quarterly Memorandums January 2019 – June 2020
Interview of Lead Warden
Interviews of Senior Wardens

In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0

OP 027.1

L. Volunteer Complaints or Dismissal

2. Possible grounds for volunteer dismissal shall include failure to comply with DOC procedures,

federal or state laws, or unit rules. Every effort should be made to provide appropriate volunteer training and supervision to help avoid violations and possible termination.

- a. Any volunteer who engages in sexual abuse shall be banned, prohibited from contact with offenders, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to relevant licensing bodies. (§115.77[a], §115.277[a])
- b. In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders. (§115.77[b], §115.277[b])

OP 135.2

5. Any contractor or volunteer who engages in sexual abuse of offenders must be prohibited from contact with offenders and must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. (§115.77[a], §115.277[a]) The DOC will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer. (§115.77[b], §115.277[b])

Quarterly Memorandums January 2019 – June 2020

The facility provided quarterly memorandums from the Warden to the PREA Auditor stating “This is to advise that between January and March 2019, Greenville Correctional Center did not have any allegations involving contractors or volunteers, and therefore had no referrals to law enforcement, no referrals to licensing bodies, and no remedial measures were necessary.”

Comments:

It should be noted that since the COVID-19 pandemic the facility has been closed to volunteers. Additionally, information provided by those interviewed indicated that zero tolerance is also applicable to any volunteer and contractor. Both would be removed from the facility, noting that neither would return. If applicable, they would be reported to law enforcement and any licensing entity.

Standard 115.78: Disciplinary sanctions for inmates

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 inmates 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 inmates 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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.

Materials Reviewed:

OP 038.3
OP 820.2
OP 830.3

OP 861.1

Memorandums

Interview with Lead Warden

Interview with Hearing Officer

Review of Investigative Reports

Interviews with Mental Health Staff

Review of Medical Records

In the past 12 months:

The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0

The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0

OP 038.3

4. Any offender who makes a report of offender-on-offender sexual violence or staff sexual misconduct or harassment that is determined to be false may be charged with a disciplinary offense if it is determined in consultation with the Regional PREA Analyst that the report was made in bad faith. (§115.78[f], §115.278[f])
 - a. Offenders will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred.
 - b. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying.

OP 820.2

2. Special Needs
 - a. Offenders identified as high risk of re-offending with a history of sexually assaultive behavior (HRSA) are assessed by a mental health or other qualified professional.
 - i. Offenders with a history of sexually assaultive behavior are identified, monitored, and counseled.
 - ii. 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. (§115.78[d], §115.278[d])
 - iii. Offenders that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions, or offense code 217 in accordance with Operating Procedure 861.2 Offender Discipline, Community Corrections Facilities. (§115.78[d], §115.278[d])

OP 830.3

- b. An offender identified as a High Risk Sexual Aggressor (HRSA) (See Operating Procedure 810.1, Offender Reception and Classification.) that does not comply with therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions. (§115.78[d])

OP 861.1

106. a. Sexual assault upon or making forcible sexual advances toward a non-offender (§115.78[e])
 - b. Sexual assault upon or making forcible sexual advances toward an offender (§115.78[a, g])

121. False statements or charges against an employee

Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints against employees. The purpose of this offense is to prevent offenders from fabricating charges against corrections employees.

Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could substantiate the statement or charge.

The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation.

The employee who is the subject of the statement/charge will not be the Reporting Officer.

This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.52[g], §115.78[f])

G. In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories. (§115.78[b])

3. Before a Disciplinary Offense Report is served on an offender assigned to a Mental Health Unit, housed in Special Housing for a mental health reason (e.g. suicide watch), or against an offender with a Mental Health Code of MH-2S, MH-3, or MH-4 or an offender who may be cognitively or mentally impaired in general population, the OIC will contact a QMHP to assess the following: (§115.78[c]) (added 12/27/16)

- a. Clinical impressions related to the disciplinary offense
- b. Likelihood of understanding the acceptance of a Penalty Offer
- c. Likelihood of effectively participating in the hearing
- d. Potential impact of Special Housing on offender's cognitive/ mental condition
- e. Provide relevant comments and/ or recommendations
- f. The OIC will ensure that an Offender Mental Health Assessment 861_F2 is completed and forwarded to the Hearings Officer along with the Disciplinary Offense Report.

206. Lying or giving false information to an employee. This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred.

Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.52[g], §115.78[f])

209. Engaging in sexual acts with others by consent

This offense code does not apply to any sexual act involving an employee. (§115.78[g])

233. a. Making sexual advances, either physical, verbal in nature, or in writing toward a non-offender without their consent (§115.78[e])

b. Making sexual advances, either physical, verbal in nature, or in writing toward an offender (§115.78[a, g])

Memorandums dated February 2019 – June of 2020

Memorandums for 2019 are monthly and those for 2020 are quarterly. These memorandums are from the Warden to the PREA Auditor. The following is the language within the memos: "This is to advise that for the month (or quarter) of, Greenville Correctional Center did not issue any disciplinary sanctions

pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.”

Comments:

All interviews confirmed that if an offender is brought before the hearing officer the following items are considered: mental disabilities (cognitive), mental health, discipline history, other findings for comparable offenses, and findings from the investigations.

Offenders are not required to participate in counseling in order to have access to programming or employment.

Interviews with offenders showed that they are aware that ‘good faith’ reporting does not will not result in negative sanctions.

Note: The facility prohibits all sexual activity between offenders.

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 inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes 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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Materials Reviewed:

OP 425.4
OP 701.3
OP 730.2
Memorandums
Evaluations / HRSV or HRSA
Assessments
Interview with Mental Health Staff
Medical and Mental Health Informed Consent Form
Interview with Inmates who Disclose Sexual Victimization at Risk Screening
Interview with Intake Counselor
On-Site Review
Medical and Mental Health File Review

In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner: 100%

OP 425.4

This policy is noted as “Unauthorized dissemination, printing, or copying is prohibited.”
The policy addresses the Use of the Offender Classification Assessment.

OP 701.3

5. Medical and mental health practitioners must 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. (§115.81 [e])

OP 730.2

- b. In institutions, within 14 days of completion of the *Classification Assessment*, the QMHP will notify those offenders, identified as HRSA or HRSV, of the availability for a follow-up meeting with a mental health practitioner and inform the offender of available relevant treatment and programming. Notification will be documented on the *Prison Rape Elimination Act (PREA) QMHP Follow-Up 730_F28*. (§115.81[a, b])
 - i. Any information related to sexual victimization or abusiveness that occurred in an institutional setting will 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. (§115.81[d])
 - ii. Before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18, the QMHP must obtain informed consent from the offender (*Consent for Release of Information 050_F14* or *Consent for Release of Confidential Health and/or Mental Health Information 701_F8*). (§115.81[e])

Memorandums / Evaluations - HRSV or HRSA / Assessments – February 2019 – June 2020

Several Memorandums were provided to the Auditor from the Warden sharing that they did not have any offenders report prior victimization.

Several Classification Assessments were provided showing offenders that were identified as HRSV (High Risk Sexual Victim) or HRSA (High Risk Sexual Aggressor). Each evaluation had a sexual history and criminality component, institutional behavior, education, age, incarceration, physical violence, perceived vulnerability, gender non-conforming, mental health and Medical component, designation process, notification to QMHP, suitability for double cell or dormitory assignment, and notification process.

Also provided were Prison Rape Elimination Act QMHP Follow-up Forms. This form identifies if the offender is HRSA or HRSV and provides a location where the offender signs.

Comments:

Interviewed offenders who shared prior sexual abuse stated that they were referred and saw the mental health practitioner almost immediately after arrival. The auditor interviewed two (2) offenders identified as a potential aggressor. Both reported contact with the mental health provider.

As mentioned previously, CORIS will identify those who have been identified as a potential aggressor or victim with a flag on the file. Only those with approval to access this page will be able to view.

Informed Consent was shared to be 'always'.

Note: No one under the age of eighteen (18) is housed at this facility.

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.

Materials Reviewed:

OP 038.3
OP 075.1
OP 720.4
OP 720.7
OP 730.2
Memorandums / Incidents
Medical – PREA Checklist
Interview with the Lead Warden
Interview with Senior Wardens
Interview with Facility PREA Manager
Interviews with Mental Health Staff
Interview with Inmates who Reported a Sexual Abuse
Interview with Staff
Medical and Mental Health Records
On-site visit

OP 038.3

IV. Response

B. Facility Staff Responsibilities

1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security staff member to respond to the report will be required to: (§115.64[a], §115.264[a])
 - a. Separate the alleged victim and abuser to ensure the victim's safety. (§115.82[b], §115.282[b])
 - b. Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence and.
 - c. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence
 - d. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, 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.
 - e. If the first staff responder is not a security staff member, the responder will be required to ensure the victims safety, request that the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until

after evidence collection, and notify the OIC. (§115.64[b], §115.82[b], §115.264[b], §115.282[b])

OP 075.1

This policy is marked: “Unauthorized dissemination, printing, or copying is prohibited.”
The policy addresses an element of the Sexual Assault Response Checklist.

OP 720.4

15. Emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

OP 720.7

B. Access to emergency medical services

1. Offender victims of sexual abuse will 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 (see Nursing Evaluation Tool - Sexual Assaults). (§115.82[a], §115.282[a])
2. 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 will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. (§115.82[b], §115.282[b])
3. Offender victims of sexual abuse while incarcerated will 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. (§115.82[c], §115.282[c])
4. Treatment services will be 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. (§115.82[d], §115.282[d])

OP 730.2

- c. QMHPs may be made aware of the incident or alleged incident from Health Services staff, investigators, a Mental Health Clinical Supervisor, directly from the offender, offender family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a])
 - i. If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the QMHP will immediately notify the facility Medical Department unless the referral is from Medical.
 - ii. The QMHP will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the offender is unavailable, e.g., hospitalized).

Memorandums / Incidents February 2019 – June of 2019

During this time frame, the Warden provided memorandums to the PREA Auditor stating: “ This is to advise that during, Greenville Correctional Center did not have any allegations of abuse that required timely treatment or a checklist.”

However, during other months, the facility provided a sexual assault. Included in documentation were the Sexual Assault Response Checklist, Health Services Consultation Report, Referral Requests, Medical Center documentation (Forensic Nursing Notes), Consultation Report, Facility Nursing

Evaluation Tool, Health Services Complaint and Treatment form, Facility Physician Review, Interdisciplinary Team Reassessment, Mental Health Services Progress Notes.

Comments:

Note: The facility does not house female offenders.

Interviews with staff showed that alleged victims will be immediately taken to the hospital for a forensic examination, even if the local medical staff are unsure of the validity of the allegation. SAFE/SANE are available at the local hospital. Inmates will receive all information and treatment available to a victim without cost.

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 inmates 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be*

inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) 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.

Materials Reviewed:

OP 720.1
OP 720.4
OP 720.7
OP 730.2
Memorandums / Incident Reports
Interviews with Mental Health Staff
Interviews with Inmates who Reported a Sexual Abuse
Site Visit
Medical and/or Mental Health File Review

OP 720.1

- c. Offenders who are pregnant as a result of sexually abusive vaginal penetration while incarcerated will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[e], §115.283[e])

OP 720.4

15. Emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

OP 720.7**H. Ongoing medical and mental health care for sexual abuse victims and abusers**

1. The facility will 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. (§115.83[a], §115.283[a])
2. The evaluation and treatment of such victims will 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. (§115.83[b], §115.283[b])
3. The facility will provide such victims with medical and mental health services consistent with the community level of care. (§115.83[c], §115.283[c])
4. Offender victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. (§115.83[d], §115.283[d])
5. If pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[e], §115.283[e])
6. Offender victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. (§115.83[f], §115.283[f])
6. Treatment services will be 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. (§115.83[g], §115.283[g])

OP 730.2

- ii. QMHPs will 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 when deemed appropriate. (§115.83[h], §115.283[h])
 - (a) Other than routine monitoring (e.g., in Restrictive Housing Unit), mental health services are not automatically offered to the alleged/founded perpetrator of the sexual assault.
 - (b) If mental health services are provided, e.g., if the alleged/founded perpetrator requests such services, a QMHP other than the QMHP who assessed and/or provided services to the alleged/founded victim of the assault should follow up.
- c. QMHPs may be made aware of the incident or alleged incident from Health Services staff, investigators, a Mental Health Clinical Supervisor, directly from the offender, offender family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a])

- i. If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the QMHP will immediately notify the facility Medical Department unless the referral is from Medical.
 - ii. The QMHP will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the offender is unavailable, e.g., hospitalized).
 - (a) The evaluation and treatment of the victim will 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. (§115.83[b], §115.283[b])
 - (b) The QMHP should offer services and, based on the offender's mental and physical status, set an initial time as soon as possible to meet with the offender.
 - (c) If, prior to seeing the offender, the QMHP learns that the offender has been transported to another DOC facility, the QMHP will contact the Senior QMHP at the receiving facility to ensure follow up.
 - iii. If indicated, the examining QMHP will offer the offender information on ways to avoid or reduce the probability of sexual victimization to include providing the offender a copy of the *Zero Tolerance for Sexual Abuse and Sexual Harassment* attachment to Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
 - iv. The QMHP will conduct a *Sexual Assault Assessment 730_F25* and recommend subsequent services as indicated. The *Sexual Assault Assessment* may be conducted by any QMHP identified by their immediate supervisor as competent to conduct such assessments. (§115.83[a], §115.283[a])
- e. Results of the *Sexual Assault Assessment* will determine the nature and extent of recommended follow-up mental health services offered to the offender. §115.83[a], §115.283[a])
- i. The QMHP provides victims with follow up mental health services consistent with the community level of care. (§115.83[c], §115.283[c])
 - ii. If the offender refuses recommended follow up services, the QMHP will advise the offender that they can change their mind at any time and that the QMHP will check back with them (within a week) to monitor their status.
 - iii. If the offender agrees to accept services, the QMHP will follow up and provide services to the offender as deemed appropriate.

Memorandums / Incident Reports – January 2019 – June 2020

During this time frame, the Warden provided the PREA Auditor with the following Memorandums: “This is to advise that between, the Greenville Correctional Center did not have any substantiated abuse cases.” and “This is to advise that during, Greenville Correctional Center did not have any allegations of sexual abuse that required the offer of tests for sexually transmitted infections and therefore no follow-up services were necessary.”

Other provided reports were for sexual abuse/assault allegations and hospital visits.

Comments:

Note: The facility does not house female offenders.

Note: The mental health practitioners schedule follow-up meetings with anyone identified as an abuser. It is not required that they attend.

The facility provides medical and mental health services as needed to offenders who were subjected to sexual abuse. This includes prior instances, i.e.: prior to arrival at this facility. Follow-up treatment and testing is offered as medically appropriate. All services are provided without cost to the offender.

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.

Materials Reviewed:

OP 038.1

OP 038.3

Incident Reviews

Interview with Lead Warden

Interview with PREA Compliance Manager

Interview with Incident Review Team Members

Documentation of Sexual Abuse Incident Team Reviews

Review of Investigations

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 19

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 19

OP 038.1

H. Review of Incidents

1. Incident Types for Review

c. 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. (§115.86[a], §115.286[a])

2. Conduct of Review: (§115.86[d], §115.286[d])

a. The Review Team should consist of at least 2 DOC employees designated by the Unit Head.

- b. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from the PREA Compliance Manager, line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. (§115.86[c]
- 5. Report of Incident Review 038_F3 and PREA Report of Incident Review 038_F11 (§115.86[d(6)], §115.286[d(6)])
 - a. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed
 - b. Provide an analysis of the causal factors and contributing circumstances
 - i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility. (§115.86[d(2)], §115.286[d(2)])
 - ii. Assess the adequacy of staffing in that area during different shifts. (§115.86[d(4)], §115.286[d(4)])
 - iii. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (§115.86[d(5)], §115.286[d(5)])
 - c. 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. (§115.86[d(1)], §115.286[d(1)])
 - d. Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement or shall document its reasons for not doing so. (§115.86[e], §115.286[e])
 - e. Submit to the Regional Office for review by the Regional Administrator and/or Regional Operations Chief. A copy of all PREA 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). (§115.86[d(6)], §115.286[d(6)])

OP 038.3

- a. A sexual abuse incident review will be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. (See Operating Procedure 038.1, Reporting Serious or Unusual Incidents.) (§115.86[a], §115.286[a])
 - i. Sexual abuse incident reviews will be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation is determined to be substantiated
 - ii. Sexual abuse incident reviews must be completed within 14 calendar days of completion of the investigation and will be documented on a PREA Report of Incident Review 038_F11.
 - iii. If the PREA Report of Incident Review 038_F11 will not be completed within 14 calendar days, the PREA Compliance Manager must notify the Regional PREA Analyst.
- b. The PREA Compliance Manager will submit the completed PREA Report of Incident Review 038_F11 to the Regional Office. Prior to submission to the Regional Office, the Incident Review must be forwarded to the Regional PREA Analyst for review and approval.

Incident Reviews

The facility provided to the Auditor numerous 'PREA Report of Incident Review'. This form contains the following: Location, IR Number, Incident Type, Incident Date, Review Team Members, Brief Summary of the Incident, What Causal Factors and Contributing Circumstances led to the Incident and its Level of Security, What can be Done to Limit the Occurrence or Reduce the Severity of Future Incidents, Proposed Action Plan, Review / Action Plan Approved by, Date, Submitted by, and Date. This form is then directed to the Regional Office for Review by the Regional Operations Chief/Regional Administrator.

Note: The PREA Report of Incident Review meets all the requirements listed in the Standard.

Comments:

The auditor was informed that the Review Team always includes the PREA Manager, member from INTEL, a mental health practitioner, another supervisor and others as needed. A review of the Review Team documentation showed the above information, completed as required within the designated time frame.

Note: See earlier in this report the number of reviews by the auditor.

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 inmates? (N/A if agency does not contract for the confinement of its inmates.) 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.

Materials Reviewed:

OP 038.3
 Annual Reports 2014 – 2018
 BJS Survey 2014 – 2018
 Interview with PREA Manager
 Interview with PREA Analyst
 Lawrenceville Correctional Facility PREA Audit

OP 038.3

VIII. Data Collection

- A. The DOC collects accurate, uniform data on every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (§115.87[a], §115.287[a])
 1. The agency aggregates the incident-based sexual abuse data at least annually. (§115.87[b], §115.287[b])
 2. The incident-based data collected includes, 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. (§115.87[c], §115.287[c])
 3. The DOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. §115.87[d], §115.287[d])
 4. Incident-based and aggregated data is collected from every private facility with which with the DOC contracts for the confinement of offenders. (§115.87[e], §115.287[e])
 5. Upon request, all such data from the previous calendar year will be provided to the Department of Justice no later than June 30. (§115.87[f], §115.287[f])

Annual Reports 2014 – 2018

The facility provided the auditor yearly reports showing the 'Offender-on-Offender Nonconsensual Sexual Acts', 'Offender – on- Offender Abusive Sexual Acts', 'Offender – on- Offender Sexual Harassment', 'Staff Sexual Misconduct', 'Staff Sexual Harassment', Summary and Comparison.

The following is the statewide results of the findings:

'Offender-on-Offender Nonconsensual Sexual Acts'

	<u>2017</u>	<u>2018</u>
Substantiated	1	0
Unsubstantiated	11	6
Unfounded	2	3
Investigation Ongoing	7	7

'Offender – on- Offender Abusive Sexual Acts'

	<u>2017</u>	<u>2018</u>
Substantiated	1	3
Unsubstantiated	20	28
Unfounded	14	11
Investigation Ongoing	6	10

'Offender – on- Offender Sexual Harassment'

	<u>2017</u>	<u>2018</u>
Substantiated	7	3
Unsubstantiated	63	99
Unfounded	40	44
Investigation Ongoing	5	8

'Staff Sexual Misconduct'

	<u>2017</u>	<u>2018</u>
Substantiated	2	1
Unsubstantiated	10	23
Unfounded	29	17
Investigation Ongoing	13	8

'Staff Sexual Harassment'

	<u>2017</u>	<u>2018</u>
Substantiated	4	2
Unsubstantiated	74	102
Unfounded	127	119
Investigation Ongoing	34	39

Corrective Actions: "There were no corrective actions required during 2018" (or 2019) for Greenville Correctional Center.

BJS Survey 2014 – 2018

The facility provided copies of the surveys for the years noted.

Lawrenceville Correctional Facility PREA Audit

This facility contracts with the Virginia Department of Corrections to hold VADOC inmates. It is held to the same standards as all DOC facilities.

Comments:

The PREA Analyst collects data through out the year (from the facility). His data includes the case number, allegation type, offender or staff, retaliation, PREA concerns, names, time frames of investigation, area of occurrence, Incident Review, conclusion. At the end of the year he meets with the PREA team to review findings, investigations (type), hot line calls, PREA vs. non-PREA, and uses for the BJS report.

The yearly report of the Department does not break down the PREA related data by facility but does include a corrective action statement for each facility. This facility did not have any corrective action.

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.

Materials Reviewed:

OP 038.3
Annual Reports 2014 – 2018
Interview with PREA Coordinator
Interview with PREA Compliance Manager
Interview with PREA Analyst

OP 038.3

B. Data Review for Corrective Action

1. The DOC reviews collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by: (§115.88[a], §115.288[a])
 - a. Identifying problem areas
 - b. Taking corrective action on an ongoing basis
 - c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole
2. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the DOC's progress in addressing sexual abuse. (§115.88[b], §115.288[b])
 - a. The report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC Public website. (§115.88[c], §115.288[c])
 - b. Specific material may be redacted from the reports, when publication of the material would present a clear and specific threat to the safety and security of a facility. If material is redacted, the report must indicate the nature of the redacted material. (§115.88[d], §115.288[d])

Annual Reports 2014 – 2018

See prior standard.

Comments:

Note: Please note comments and responses in Standard 115.87.

The annual report is posted on the Department Website after approval of the PREA Coordinator and the Department Director. No personal identifiers are included in the report.

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.

Materials Reviewed:

OP 038.3

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with PREA Analyst

Department Website

OP 038.3

- 2. All data collected on allegations of sexual abuse at DOC facilities must securely retained. (§115.89[a], §115.289[a])
 - a. Aggregated sexual abuse data, from DOC facilities and contract facilities, will be made readily available to the public at least annually through the DOC Public website. (§115.89[b], §115.289[b])
 - b. Before making aggregated sexual abuse data publicly available, all personal identifiers must be removed. (§115.89[c], §115.289[c])
- 3. All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. (§115.89[d], §115.289[d])

Comments:

All information gathered is under “lock and key” and kept as required by policy. Annual reports are placed on the Departments website with reports containing no identifiable information.

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 inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes 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 auditor was able to view every location within the facility grounds. All requests for information, files, feedback were immediately provided.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

All final audits and annual reports are available on the Departments website.

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.

Darlene M. Baugh

October 14, 2020

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.