

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 11/22/2020

Auditor Information

Name: Chris Sweney	Email: chris.sweney.prea@gmail.com
Company Name: DX Consultants LLC	
Mailing Address: 701 77th Avenue N, P.O. Box 55372	City, State, Zip: St. Petersburg, FL 33732
Telephone: (402) 658-0344	Date of Facility Visit:

Agency Information

Name of Agency: Virginia Department of Corrections			
Governing Authority or Parent Agency (If Applicable):			
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:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency 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:	Number of Compliance Managers who report to the PREA Coordinator:

Jermiah Fitz, Corrections Operations Administrator	3 Regional PREA/ADA Analysts, 40 PREA Compliance Managers report to the Analysts
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Facility Information

Name of Facility: Pocahontas State Correctional Center

Physical Address: 920 Old River Road

City, State, Zip: Pocahontas, VA 24635

Mailing Address (if different from above):
Post Office Box 518

City, State, Zip: Pocahontas, VA 24635

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

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

NCCCHC

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:

Warden/Jail Administrator/Sheriff/Director

Name: Kevin T. Punturi, Warden

Email: Kevin.Punturi@vadoc.virginia.gov

Telephone: 276-945-2201 or 276-945-2210

Facility PREA Compliance Manager

Name: Kathleen Vance, Operations Manager and ACA/PREA Compliance Manager

Email: Kathleen.Vance@vadoc.virginia.gov

Telephone: 276-945-2215 or 276-945-2225

Facility Health Service Administrator N/A

Name: Sue Yates, RNCB

Email: Sue.Yates@vadoc.virginia.gov

Telephone: 276-945-2833

Facility Characteristics

Designated Facility Capacity:

1042

Current Population of Facility:	1033	
Average daily population for the past 12 months:	1038	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input 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:	19 - 89	
Average length of stay or time under supervision:	3 years	
Facility security levels/offender custody levels:	2 and 3	
Number of offenders admitted to facility during the past 12 months:	754	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	754	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	732	
Does the facility hold youthful offenders?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful offenders held in the facility during the past 12 months: (N/A if the facility never holds youthful offenders)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold offenders 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 offenders: Select all that apply (N/A if the audited facility does not hold offenders 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 checked="" 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 type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with offenders:	278	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:	46	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:	12	

Number of individual contractors who have contact with offenders, currently authorized to enter the facility:	24
Number of volunteers who have contact with offenders, currently authorized to enter the facility:	69
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether offenders 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 offenders, 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>	8
<p>Number of offender 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 offenders 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 offenders 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>	4 housing units (Each of the 4 housing units contain 3 pods, for a total of 12 pods)
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	5
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	22
In housing units, does the facility maintain sight and sound separation between youthful offenders and adult offenders? (N/A if the facility never holds youthful offenders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?

Yes No

Are mental health services provided on-site?

Yes No

Where are sexual assault forensic medical exams provided?
Select all that apply.

- On-site
 Local hospital/clinic
 Rape Crisis Center
 Other (please name or describe: [Click or tap here to enter text.](#))

Investigations

Criminal Investigations

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:

19 Special Investigations
Unit Agents

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-offender or offender-on-offender), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
 Agency investigators
 An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
 Local sheriff's department
 State police
 A U.S. Department of Justice component
 Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

Administrative Investigations

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?

3 (1 Investigator-Sergeant
and 2 Intelligence Officers)

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-offender or offender-on-offender), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators
 Agency investigators
 An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
 Local sheriff's department
 State police
 A U.S. Department of Justice component
 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 PREA audit of the Virginia Department of Corrections – Pocahontas State Correctional Center was conducted October 6 - 8, 2020 by Chris Sweney, U.S. Department of Justice Certified PREA Auditor. The audit began with the notification of the on-site audit being posted six weeks prior to the date of the on-site audit. The facility's last PREA audit was conducted on May 10 - 11, 2017. The notices of the audit verified by photographs received in a flash drive from facility and during the tour. The audit notices explained how to confidentiality contact the auditor prior to, during and after the on-site visit. Throughout the entire audit process, the auditor did not receive any communication from staff or from inmates as outlined in the posted notices.

The auditor completed a full documentation review prior to the on-site visit using the Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all relevant standards. Pre-audit documentation provided to the auditor on a USB flash drive four weeks before the audit. Additional documentation was provided to the auditor as needed during the on-site visit and during the 30 days following the audit.

The on-site audit was conducted October 6 - 8, 2020. An entrance briefing was conducted with the Warden, Assistant Warden, PREA Compliance Manager, Western Region PREA/ADA Analyst, Major and Chief of Housing and Programs. During the entrance briefing, the audit process was explained and a tentative schedule for the next three (3) days to include facility tour, interviews with the staff and inmates and reviewing additional documentation. A full tour of the facility was conducted including administrative offices, medical and mental health, multipurpose rooms, visitation, recreation, food service, library, security offices, laundry, canteen, outside work areas and four (4) housing units.

During the tour, offenders were observed to be under direct supervision by staff while involved in various activities. Postings with PREA reporting and outside service information was seen painted in all areas of the facility. The reporting hotline was tested during the tour and a recording of the call was provided to the auditor. The auditor also reviewed "PREA" logbooks during the tour which showed documentation such as unannounced rounds and cross gender announcements.

During the three (3) day on-site visit, there were a total of eight hundred and ninety-eight (898) male offenders in the facility. Thirty-three (33) offenders were randomly selected from four (4) housing units. A roster of offenders was provided by the facility. The auditor randomly selected offenders from the full roster sorted by housing unit to ensure all units were represented. There were fourteen (14) offenders that were identified for targeted interviews. Targeted interviews were completed with two (2) offenders that were hearing impaired, two (2) offenders who were limited English proficient, two (2) offenders who identified as being gay, two (2) offender who were transgender, one (1) offender with a cognitive disability, one (1) offender with a physical disability, two (2) offender that reported prior sexual abuse and two (2)

offenders that have made allegations of sexual harassment. All offender interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment.

Victim's advocacy service and telephone numbers and addresses are available to the offenders on painted posters throughout the facility. The VDOC-PSCC has a Memorandum of Understanding with Action Alliance to provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual assault inmates. Offenders seeking services can call the telephone number at no cost to the offender. The facility also provides information and identifies for the offenders who to contact for reporting and advocacy services. VDOC-PSCC utilizes Bluefield Regional Medical Center in Bluefield, West Virginia (SANE certified) to provide emergency services and forensic medical examinations at no financial cost to the victim

Twenty-eight (28) staff were formally interviewed including (14) staff from both shifts (supervisory and floor staff), Warden; PREA Compliance Manager; (1) SIU Criminal Investigator; (1) facility investigator; (2) upper level management; (1) incident review team; (1) medical staff; (1) mental health staff; (1) human resources; (2) risk screening staff/intake; (1) contract staff; one (1) facility volunteer were interviewed during the three (3) days of the on-site visit. Additionally, interview notes for the Director of Corrections, Agency PREA Coordinator and Agency Contract Administrator were provided to the auditor by Dorothy Xanos, Certified PREA Auditor from a previous audit.

At the end of the third day, an exit briefing with a summary of the findings was conducted with the Warden, Assistant Warden, PREA Compliance Manager, Western Region PREA/ADA Analyst, Major and Chief of Housing and Programs. At the exit briefing, the auditor gave an overview of the audit and steps going forward.

Following the onsite review, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard. To determine compliance, this auditor used the information and documentation provided during the pre-audit, information obtained during the staff and inmate interviews as well as observations during the onsite review.

Facility Characteristics

The Pocahontas State Correctional Center (PSCC) is located on the west side of Virginia near the West Virginia state line. PSCC was built in 2007 and sets on more than 800 acres. The facility has a secure fence that surrounds the entire perimeter of the facility, all access and egress is controlled. The facility has a bed capacity of 1,042 offenders and an average daily population of 1038. PSCC houses offenders' with level 2 and 3 security classifications. PSCC's footprint has of a total of 8 buildings including four housing units. The entrance and administrative building is located just outside of the security perimeter fence. Additionally, there is one multipurpose building which includes the kitchen, gym, restrictive housing, medical, laundry, staff offices, and visitation. PSCC's warehouse and maintenance building are located outside the perimeter fence. The offender recreation yard is located in the middle of the facility and is surrounded by a security fence.

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: 115.11, 115.31, 115.33

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: [Click or tap here to enter text.](#)

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.

The following evidence was analyzed in making compliance determination:

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, Prison Rape Elimination Act (Pg. 3)
2. VDOC OP #135.2, (Pg. 3)
3. VDOC Organizational Chart
4. PSCC Organizational Chart
5. PSCC PREA Compliance Manager Memo

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The Virginia Department of Corrections (VDOC) has an agency wide operating procedure (*Prison Rape Elimination Act Operating Procedure #038.3*) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment.
 - (b) OP #038.3, Prison Rape Elimination Act discusses the VDOC's approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report.
 - (c) VDOC has a designated agency wide PREA/ADA Supervisor who reports to the Corrections Operations Administrator. Under the Agency PREA Supervisor there are three (3) regional PREA Coordinators. The Western Region PREA Coordinator stated she has time and authority to effectively implement and continually monitor the 12 institutions and 3 community corrections facilities under her supervision.
 - (d) VDOC operates forty (40) facilities across the state. Each facility has a designated PREA Compliance Manager who reports to their Regional PREA Coordinator. PSCC's Operations Manager is designated as the primary PREA Compliance Manager. PSCC's PREA Compliance Manager reported during her interview that she has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.) 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.

The following evidence was analyzed in making compliance determination:

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, Prison Rape Elimination Act (Pg. 4)

2. VDOC OP #260.1, Procurement of Goods and Services (Pg. 10)
3. PSCC PREA Audit: Pre-Audit Questionnaire

Interviews:

1. Western Region PREA/ADA Analyst

Site Review Observations:

1. Observations during on-site review of physical plant

The VDOC-PSCC does not contract for the confinement of their offenders.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offenders against sexual abuse? Yes No
- 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 offenders 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 offender 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.

The following evidence was analyzed in making compliance determination:

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP 401.1, Development and Maintenance of Post Orders (Pg. 4-5)
2. VDOC OP 401.2, Security Staffing (Pg. 8)
3. VDOC OP 401.3, (Pg. 4-5)
4. PSCC Duty Rosters
5. PSCC Staffing Plan and Post Audit
6. PSCC Unannounced Rounds/PREA Log

Interviews

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Intermediate or higher level facility staff interviews
5. Facility Tour

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The VDOC-PSCC has a staffing plan which has adopted generally accepted detention and correctional practices. PREA Standards are reviewed annually and changes are made as necessary. PSCC's most recent PREA Assessment is dated 1/23/2020. There have been no judicial findings of inadequacy nor have there been any findings of inadequacy from Federal investigative agencies. The PSCC has not received any findings of inadequacy from internal or external oversight bodies. Information from the assessment is used to determine where additional supervision is necessary, where supervisory coverage is necessary and where additional cameras may be needed. The PSCC monitors the composition of the offender population on a daily basis and uses this information to justify staffing for coverage for the offender population. The PSCC requires supervisors to visit each housing unit at least once per shift.
- (b) The PSCC does not deviate from the staffing plan. This was discussed and confirmed in staff interviews
- (c) The PSCC has not deviated from the staffing plan in the last 12 months.
- (d) VDOC *OP 401.1, Development and Maintenance of Post Orders (Pg. 4-5)* states that "Staff assigned to any post are prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment. (§115.13[d])."
- (e) The PSCC provided copies of their "*Unannounced Rounds/PREA Log*" with the pre-audit documentation which shows this as a regular practice.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.14: Youthful offenders

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #425.4 (Pg. 4)
2. PSCC's PREA Audit: Pre-Audit Questionnaire
3. PSCC Youthful Offender Memo

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

Site Review Observations:

1. Observations during on-site review of physical plant

VDOC OP #425.4 (Pg. 4) states that a youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Direct supervision is always required when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The Warden, PREA Compliance Manager and Region PREA/ADA Analyst confirmed the PSCC does not house youthful offenders under the age of eighteen.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female offenders? (N/A if the facility does not have female offenders.) Yes No NA

115.15 (d)

- Does the facility have policies that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making compliance determination:

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #350.2 (Pg. 9)
2. VDOC OP #401.1, Development and Maintenance of Post Orders (Pg. 4)
3. VDOC OP #401.2, Security Staffing (Pg. 7)
4. VDOC OP #445.1 (Pg. 16-18)
5. VDOC OP #720.2 (Pg. 6)
6. VDOC OP #801.1 (Pg. 3)
7. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
8. PSCC Unannounced Rounds/PREA Log – (Female Staff Announcement)
9. VDOC Staff Training Academy Outline – Searches
10. VDOC Strip Search Memo
11. Facility Shift Rosters

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews
5. Random Offender Interviews

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) VDOC OP #445.1 states staff will not conduct cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Per policy, all strip searches are documented. There were fifteen (15) random staff interviews that were conducted and staff reiterated that they have not conducted cross-gender strip searches or cross gender visual body cavity searches. Random offender interviews also confirmed they have not been strip searched or received a visual body cavity search by a staff member of the opposite sex.
 - (b) The VDOC-PSCC does not house female offenders.
 - (c) The VDOC-PSCC does not house female offenders.
 - (d) VDOC OP #801.1 (Pg. 3) and VDOC OP #401.1, Development and Maintenance of Post Orders (Pg. 4) states the PSCC has policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or

when such viewing is incidental to routine cell checks. VDOC Policy requires staff to announce their presence when entering housing units with offenders of a different gender. Staff interviews reiterated that they announce themselves or will announce staff of a different gender prior to entering the housing unit. Offender interviews indicated that announcements by staff are done on a consistent basis.

(e) VDOC OP #445.1 states that offenders are not searched or physically examined for the sole purpose of determining the genital status. If the offender's genital status is unknown, PSCC staff will initiate a conversation with the offender in a professional manner in a private setting in order to preserve confidentiality. There were zero (0) transgender offender at PSCC during the onsite portion of the audit.

(f) (e) VDOC OP #445.1 states that unless an emergency or other special situation exists, pat searches should be conducted by staff of the same gender as the offender. All staff is trained how to conduct searches of transgender and intersex offenders in a professional manner and in the least intrusive manner possible that is consistent with security needs.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have psychiatric disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on offender interpreters, offender readers, or other types of offender assistance 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 §115.64, or the investigation of the offender'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.

The following evidence was analyzed in making compliance determination:

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, Prison Rape Elimination Act (Pg. 7)
2. Propio Language Contract
3. Purple Language Contract
4. Braille PREA Handbook
5. VDOC Zero Tolerance Postings (English, Spanish)
6. PSCC Offender Training Acknowledgement (English, Spanish)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) As previously stated, the VDOC-PSCC has a written policy, mandating zero tolerance relating to sexual abuse and sexual harassment. The PSCC takes steps to ensure that limited English speaking offender, offenders with disabilities, and those who have a speech disability have an equal opportunity to participate in PREA education. The PSCC has Spanish speaking staff and utilizes an interpreter service when necessary. During the onsite audit there were zero (0) limited English speaking offenders, offenders that were hearing or visually impaired or physically disabled.

- (b) The PSCC takes 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.
- (c) The PSCC refrains from relying on offender interpreters, offender readers or other types of offender assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. Staff interviews reaffirmed the use of a contract interpretive service or another staff member to interpret with a limited English-speaking offender.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP # 102.2 (Pg. 5)
2. VDOC OP # 102.3 (Pg. 4)
3. VDOC OP # 102.7 (Pg. 6)
4. VDOC OP # 135.1 (Pg. 15)
5. VDOC OP # 145.2 (Pg. 6)
6. VDOC OP # 260.1 (Pg. 10)
7. PSCC New Hire Applications
8. PSCC Promotion Applications
9. Contractor VCIN Log
10. Employee VCIN Log
11. Keefe Contract Employees VCIN Log
12. Volunteer VCIN Log

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Human Recourses Staff Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC-PSCC conducts background investigations for new hires as well as for staff being considered for a promotion. VDOC OP # 102.3 (Pg. 4) states:

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..*

(b) VDOC OP #102.2 (Pg. 5) indicates that: *“The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders.”*

(c) VDOC OP #102.3 states:

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.*

(d) VDOC OP # 102.3 (Pg. 4) requires a criminal background records check before enlisting the services of any contractor who may have contact with offenders

(e) VDOC OP # 102.3 (Pg. 4) requires criminal background records checks every five years of current employees and each year for contractors who may have contact with offenders.

(f) VDOC asks 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

VDOC asks all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees

(g) VDOC OP #135.1 (Pg. 15) states *“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]).”*

VDOC OP #102.7 (Pg. 6) allows the HR staff to 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.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #801.1
2. PSCC Facility Diagrams
3. PSCC Facility Upgrade Memo
4. Facility Tour
5. Photos showing changes to restroom area

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

(a,b) VDOC OP #801.1 requires the consideration of any new design, acquisition, expansion, or modification on the agency's ability to protect offenders from sexual abuse.

The Pocahontas State Correctional Center provided a memo outlining upgrades to the facility that is intended to enhance their ability to protect inmates from sexual abuse.

Mirrors were added in the following areas to reduce blind spots:

- Commissary Stock Room
- Floor Covering Classroom Closet
- Plumbing Classroom Closet
- Motorcycle Repair Classroom Closet
- Building Maintenance Repair Classroom Closet
- Food Service Chemical Room D
- Food Service Common Fare Prep/Storage Room
- Food Service Dry Storage B
- Food Service Dish Room

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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 € 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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #030.4 (Pg. 10-11)
2. VDOC OP #038.3 Prison Rape Elimination Act (Pg. 13)
3. VDOC OP #720.7 Emergency Medical Equipment and Care (Pg. 8)

4. VDOC OP #730.2 (Pg. 8)
5. Action Alliance Contract
6. Forensic Nurse Examiner Contact Form

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Medical Staff Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC is responsible for administrative and criminal investigations and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. Random staff interviews shows staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.
- (b) VDOC protocol is appropriate for youth; however the PSCC does not generally house youthful offenders.
- (c) VDOC-PSCC offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Compliance Manager and Medical staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at Carilion New River Medical Center by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
- (d) VDOC-PSCC has an agreement with Action Alliance to provide the victim with a victim advocate.
- (e) Interviews conducted with the PREA Compliance Manager and Medical staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services
- (f) This provision is Not Applicable; the VDOC is responsible for administrative and criminal investigations.
- (g) The auditor is not required to audit this provision
- (h) This provision is Not Applicable; VDOC-PSCC refers these services to Action Alliance for access to a victim advocate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #030.4 (Pg. 3)
2. VDOC OP #030.4 (Pg. 10)
3. VDOC OP #038.3 Prison Rape Elimination Act (Pg. 11-12)
4. VDOC Website - <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Facility Investigator Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC OP #038.3 ensures that all allegations of sexual abuse and sexual harassment are investigated.
- (b) The VDOC Sexual Assault/Abuse Policy is on their website (<https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>) stating that all offenders have the right to be safe from sexual abuse and harassment. Their policy discusses how staff will receive allegations and who is responsible for investigations.

VDOC OP #038.3 requires staff to document all incidents of sexual abuse and forward them to the PSCC PREA Coordinator.

- (c) Information on the VDOC website clearly explains who is responsible for investigations.

How a PREA Complaint is processed

When we receive a message on the confidential hotline or a PREA third party reporting form, the complaint goes through the following process:

1. *A PREA complaint is reported.*

A PREA Hotline Coordinator receives, reviews, and documents a PREA complaint.

2. *The PREA complaint is forwarded to the right contacts.*

A PREA Hotline Coordinator will notify the correct facility and PREA Unit. The victim and alleged perpetrator(s) are separated. The victim is offered medical and mental health services.

3. *An investigation is conducted.*

The Institutional Investigator and/or the Special Investigations Unit conduct an investigation once they receive a claim of sexual misconduct or sexual harassment against a staff member or offender.

4. *A disposition can be substantiated, unsubstantiated, or unfounded.*

Substantiated: the allegation was investigated and was determined to have occurred.

Unsubstantiated: there was not enough evidence determine whether or not the allegation occurred.

Unfounded: the allegation was determined to not have occurred.

5. *Termination is the presumptive discipline for staff members who are found to have engaged in sexual abuse.*

Violators of the VADOC's Zero-Tolerance Policy are ineligible for rehire and prosecuted to the fullest extent of the law.

6. *If an offender withdraws an allegation of sexual abuse or sexual harassment, the investigation must continue.*

If the allegation is substantiated or unsubstantiated, we recommend not charging the offender since we either proved the offender's statement was true, or were unable to prove whether the statement was false and made in "bad faith."

If the investigation concludes that the allegation was unfounded, and it can be proven that the offender made a false allegation in "bad faith," the offender may receive a disciplinary charge if approved by the Regional PREA Analyst.

(d,e) Auditor is not required to audit these provisions

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with offenders received such training? Yes No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #102.6 (Pg. 4)
2. VDOC OP #350.2 (Pg. 11 – 12)
3. PREA Newsletters
4. PREA Training Curriculum
5. New Hire Orientation
6. In-Service Training

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC provides all staff with training which includes their zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, offenders' right to be free from sexual abuse and

sexual harassment, the right of offenders and employees to be free from retaliation for reporting abuse and all other components of this standard.

- (b) VDOC-PSCC staff receives training tailored to the gender of the offenders, All staff receives this training regardless of whether or not they are reassigned from another facility.
- (c) All current employees who have contact with offenders have received training. A review of the staff training records and random staff interviews confirm training was received.
- (d) VDOC-PSCC has completion reports which verify they have received the training and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. Staff interviews confirmed this process.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #027.1 (Pg. 7-8)
2. VDOC OP #038.3 Prison Rape Elimination Act (Pg. 5)
3. VDOC OP #102.6 Staff Orientation (Pg. 6)
4. VDOC OP #350.2 (Pg. 8)
5. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
6. Volunteer PREA Acknowledgement Form
7. Maintaining Boundaries Guide
8. VDOC Volunteer Orientation Training

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Contract Staff Interview (Phone)
5. Volunteer Interview (Phone)

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC ensures that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the offenders. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.
- (b) All volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. 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 and their training is tailored during orientation.

- (c) VDOC-PSCC maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.33: Offender education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

- Does the agency provide offender education in formats accessible to all offenders including those who are limited English proficient? Yes No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3 Prison Rape Elimination Act (Pg. 5 - 6)
2. VDOC OP #810.2 Transferred Offender Receiving and Orientation (Pg. 7)
3. VDOC-PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. VDOC-PSCC Offender Training Intake
5. VDOC-PSCC Offender Training Comprehensive
6. VDOC-PSCC Offender PREA Training Acknowledgement Form
7. VDOC Zero Tolerance Poster (English and Spanish)
8. VDOC Braille PREA information

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Reception Staff Interviews
5. Random Offender Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) During intake, offenders receive and sign for PREA documentation explaining the agency's zero-tolerance policy towards sexual abuse and sexual harassment.
- (b) The VDOC-PSCC provides education to offenders about their rights to be free from sexual abuse and sexual harassment. The education, offender handbook and other materials include their rights to be free from retaliation for reporting such incidents and that cases of sexual assault will be referred for administrative and/or criminal investigations.
- (c) Within 30 days all offenders receive additional education and orientation, random offender interviews confirmed offenders understood PREA education and materials that had been provided.
- (d) The VDOC-PSCC provides offender education in formats accessible to all offenders including those who are limited English proficient. Information is also available for offenders who are deaf, those who are visually impaired, those who are otherwise disabled and offenders who have limited reading skills.
- (e) The VDOC-PSCC maintains documentation of offender participation in the PREA education in the offender file.
- (f) The VDOC-PSCC provides additional educational materials in the housing units in the form of painted posters and offender handbooks. Random interviews and the facility tour confirmed the existence of additional materials in most areas.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #030.4 (Pg. 10)
2. VDOC OP #350.2 (Pg. 14)
3. VDOC-PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. SIU Specialized Training Certificates
5. Basic Training for Institutional Investigators PowerPoint
6. VDOC Investigations Specialized Training Agenda
7. NIC Investigations Specialized Training
8. Regional PREA Training Agenda and Roster

Interviews:

1. Western Region PREA/ADA Analyst
2. Facility Investigator
3. Special Investigation Unit (SIU) Investigator Interview (Phone)

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC ensures that its investigators have received training in conducting sexual abuse investigations in confinement settings; The Facility Investigator and SIU Investigator confirmed they have received additional training in accordance with their job responsibilities.
- (b) Specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff was knowledgeable about the training they received.
- (c) The VDOC maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.
- (d) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #102.6 Staff Orientation (Pg. 7)
2. VDOC OP #350.2 (Pg.12)
3. VDOC OP #701.1 (Pg. 8)
4. VDOC OP #720.7 Emergency Medical Equipment and Care (Pg. 8)
5. VDOC-PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
6. NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting
7. PSCC Medical Staff Certificates of Completion

Interviews:

1. PREA Compliance Manager Interview
2. Western Region PREA/ADA Analyst
3. Medical and Mental Health Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC-PSCC ensures 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. The training also includes; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- (b) The portion of the standard is Not Applicable as all forensic exams are conducted at Bluefield Regional Medical Center or another community hospital. Staff interviews confirmed this information.
- (c) VDOC-PSCC maintains documentation that staff has received the training referenced in this standard either from the agency or elsewhere. Training records were reviewed and compliance has been met.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the offender's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the offender has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the offender about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the offender is gender nonconforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the offender has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The offender's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the offender is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, 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 offender's arrival at the facility, does the facility reassess the offender'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 offender’s risk level when warranted due to a referral? Yes No
- Does the facility reassess an offender’s risk level when warranted due to a request? Yes No
- Does the facility reassess an offender’s risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an offender’s risk level when warranted due to receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #730.2 (Pg. 6)

2. VDOC OP #810.1 (Pg. 5-7)
3. VDOC OP #810.2 Transferred Offender Receiving and Orientation (Pg. 4,6)
4. VDOC OP #861.1 (Pg. 6)
5. General Population-Classification Assessments and Reassessments
6. Receiving-Classification Assessments and Reassessments

Interviews:

1. PREA Compliance Manager Interview
2. Western Region PREA/ADA Analyst
3. Receiving Staff Interviews
4. Unit Case Manager interviews
5. Offender interviews (random & targeted)

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC-PSCC assesses all offenders during admission for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. The auditor observed this process during the onsite visit.
- (b) Interviews conducted with receiving staff indicated the assessments are typically completed within two hours of admission but definitely take place within 72 hours of arrival at the facility. Random offender interviews confirmed this process is being completed.
- (c) The assessments are conducted using an objective screening instrument which was provided in the pre-audit documentation and verified by the auditor during the onsite visit.
- (d) The VDOC assessment considers whether the offender has a mental, physical, or developmental disability, assess offenders for risk of sexual victimization, the age of the offender, the physical build of the offender, whether the offender has previously been incarcerated, whether the offender's criminal history is exclusively nonviolent, whether the offender has prior convictions for sex offenses against an adult or child, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, has previously experienced sexual victimization, the offender's own perception of vulnerability and whether the offender is detained solely for civil immigration purposes.
- (e) When assessing offenders for risk of being sexually abusive, the offender's initial PREA risk screening considers prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.
- (f) Within a set time period not more than 30 days from the offender's arrival at the facility, the offender's assigned Case Manager will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

- (g) VDOC-PSCC reassesses an offender's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.
- (h) VDOC-PSCC does not discipline offenders for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that offenders would be not disciplined for refusing to answer the screening questions.
- (i) VDOC-PSCC has 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 offender's detriment by staff or other offenders. Information is kept in a restricted area and only authorized staff can access the information.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

placement of LGBT or I offenders 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 offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I offenders 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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #730.2 (Pg. 6)
2. VDOC OP #810.1 (Pg. 5-7)
3. VDOC OP #810.2 Transferred Offender Receiving and Orientation (Pg. 4,6)
4. VDOC OP #861.1 (Pg. 6)
5. Memos - Transgender and Intersex Offenders
6. HRSA/HRSV Housing Reports

Interviews:

1. PREA Compliance Manager Interview
2. Western Region PREA/ADA Analyst
3. Receiving Staff Interviews
4. Unit Case Manager interviews
5. Offender interviews (random & targeted)

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC uses information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: housing assignments, bed assignments, work assignments, education assignments and program assignments. Interview with staff responsible for the risk assessment confirmed how the information is utilized.
- (b) VDOC-PSCC makes an individualized, case-by-case determination about how to ensure the safety of each offender based on information gathered during the risk screening. The PREA Compliance Manager, Unit Case Managers and random staff interviews confirmed that all information gathered is used to ensure the safety of each offender.
- (c) When deciding whether to assign a transgender or intersex offender to the facility VDOC staff determines the offenders housing assignment after review of the offender records, assessments and an interview with the offender. During the onsite visit there were zero (0) transgender offenders in the facility.
- (d) VDOC policy requires that placement and programming assignments for each transgender or intersex offender is reassessed at least twice per year and forwarded to the Region PREA/ADA Analyst
- (e) The PREA Compliance Manger meets with transgender or intersex individuals to discuss the offender's own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.
- (f) Transgender offenders at the PSCC are given the opportunity to shower separately from other offenders.
- (g) The VDOC does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such offenders. The PSCC does not have a dedicated unit or wing solely on the basis of identification or status.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this 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 offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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 offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the offender'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 offender 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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #425.4 (Pg. 5,6,21)
2. VDOC OP #810.1 (Pg. 5)
3. VDOC OP #810.2 (Pg. 4-5)
4. VDOC OP #830.5 (Pg. 8-9)
5. VDOC-PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
6. Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form
7. PSCC Quarterly Memos

Interviews:

1. PREA Compliance Manager Interview
2. Western Region PREA/ADA Analyst
3. Receiving Staff Interviews
4. Unit Case Manager interviews
5. Offender interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) The PSCC reported that there were no offenders placed in involuntary segregation pursuant to sexual victimization. If an offender risk screening identifies that they are high risk, there is a referral for a mental health review. An offender can request to be taken out of protective custody. Interviews with Staff confirmed this practice.
- (b) The Offenders placed in segregated housing have access to programs, privileges, education, and work opportunities.
- (c) VDOC-PSCC does not assign offenders at high risk of sexual victimization to involuntary segregated housing, once information is gathered from the risk screening tool an immediate referral is made to the PREA Compliance Manager or designee to assess the offenders housing as an alternative means of separation from likely abusers.
- (d) If an offender is requesting protective custody the offender will be interviewed and their request will be documented and forwarded to the PREA Compliance Manager. The PREA Compliance Manager will review the request and document their recommendations including why alternative means of separation could not be arranged.
- (e) The PSCC reported that there are no cases of an offender being placed in involuntary segregation because he/she is at high risk of sexual victimization. VDOC Policy states that the facility reviews whether there is a continuing need for separation from the general population every 30 days.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

REPORTING

Standard 115.51: Offender reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the offender to remain anonymous upon request? Yes No
- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses offenders 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 offenders? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.1 (Pg. 5)
2. VDOC OP #038.3 (Pg. 8-9)
3. VDOC OP #801.6 Offender Services (Pg. 1)
4. VDOC OP #803.3 (Pg. 7)
5. VDOC OP #866.1 (Pg. 2,7,8,12)
6. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
7. MOU with Action Alliance
8. PREA Postings (English & Spanish)

Interviews:

1. Random Staff Interview
2. Random Offender Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC provides materials that discuss how to report sexual abuse, sexual harassment and retaliation. Offenders are provided reporting information at intake and again within the first 30 days of intake by their Unit Case Manager. Additional information in the form of painted posters is available in English and Spanish in housing units and common areas. During random staff and offender interviews, they were able to articulate the different reporting mechanisms such as reporting to staff in writing or directly speaking with them, contacting a supervisor, calling “#55”, or telling a family member.
- (b) The VDOC-PSCC offender handbook instructs offenders that they may contact any custody staff, volunteer, contractor, or medical or mental health staff, report to the PREA Compliance Manager, tell a family member, friend, legal counsel, or anyone else outside the facility or Action Alliance and they can report on your behalf by calling the facility.
- (c) The VDOC-PSCC accepts reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff promptly responds to any reports of sexual abuse. Staff interviews confirmed that they report immediately to supervisors upon learning of any sexual abuse and/or harassment.
- (d) VDOC Policy allows staff to privately report sexual abuse and sexual harassment of offenders.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender grievances regarding sexual abuse. This does not mean the agency is exempt simply because an offender 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 offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an offender 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 offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the offender in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, may an offender consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of offenders? (If a third-party files such a request on behalf of an offender, 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 offender declines to have the request processed on his or her behalf, does the agency document the offender'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 offender 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 offender 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 offender 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 offender for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the offender 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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg. 8)
2. VDOC OP #861.1, (Pg. 7, 8, 10)
3. VDOC OP #866.1, (Pg. 2-4, 7-12)
4. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Random Staff Interview
2. Random Offender Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC permits offenders to submit grievances regarding allegations of sexual abuse without any type of time limits.
- (b) VDOC-PSCC does not require offenders to use an informal grievance process, or to otherwise attempt to resolve incidents of sexual abuse.
- (c) VDOC-PSCC ensures an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to the staff member who is the subject of the complaint.

- (d) VDOC-PSCC issues 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, the 90-day time period does not include time consumed by offenders in preparing any appeal. When the normal time period for response is insufficient to make an appropriate decision, the PSCC notifies the offender in writing of the extension and provides a date when a decision will be made. VDOC Policy states that if the offender does not receive a response within the time allotted for reply, including any properly noted extension the offender may consider the absence of a response to be a denial at that level.
- (e) Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing grievances relating to allegations of sexual abuse or file such requests on behalf of offenders. If the offender declines to have the request processed on his or her behalf the agency document the offender's decision.
- (f) VDOC Policy established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to PREA Compliance Manager for review. PSCC provides an initial response within 48 hours and issues a final agency decision within 5 calendar days. The PSCC's initial response and final decision are documented and placed in the offender's institutional file.
- (g) The VDOC-PSCC does not discipline offenders for filing a grievance related to alleged sexual abuse unless the facility demonstrates the grievance was deliberately filed in bad faith.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.53: Offender access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg. 13)
2. Action Alliance MOU
3. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. Zero Tolerance PREA Postings (English & Spanish)

Interviews:

1. Random staff interviews
2. Random offender interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the PSCC Handbook and on painted posters in each housing unit and in other common areas.
- (b) VDOC-PSCC informs offenders that communication with outside resources is confidential unless otherwise indicated by the provider.
- (c) The PSCC has an agreement with Action Alliance to provide offenders with confidential emotional support services related to sexual abuse. Random staff and offenders were able to provide information about how to contact outside support services.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender? 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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 8)
2. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

3. VDOC Third Party Reporting Form
4. VDOC website - <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

Interviews:

1. Western Region PREA/ADA Analyst
2. Random staff interviews
3. Random offender interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a,b) VDOC-PSCC accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the visiting area and available on the VDOC website. (<https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>) Staff and offender interviews reflected an understanding of this standard. Offenders felt that third party reports would be investigated.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

OFFICIAL RESPONSE FOLLOWING AN OFFENDER REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #030.4 (Pg.10)
2. VDOC OP #038.1, (Pg 5)
3. VDOC OP #038.3, (Pg 9)
4. VDOC OP #720.2, (Pg 3)
5. VDOC OP #720.7, (Pg 8)
6. VDOC OP #730.2, (Pgs 7-8)
7. VDOC OP #801.6, (Pg 1)
8. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC requires 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. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to 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. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations with anyone not directly involved in the response and investigation.
- (b) Apart from reporting to designated supervisors or officials, the PSCC staff refrains 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. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.
- (c) VDOC-PSCC medical and mental health staff inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services
- (d) VDOC-PSCC does not regularly house offenders under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws
- (e) PSCC staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to their immediate supervisor, Agency PREA Coordinator, or designee for investigation. Staff interviewed were aware of their reporting responsibilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the offender? 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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 9)
2. VDOC OP #730.2, (Pg 6)
3. VDOC OP #830.6, (Pg 1)
4. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) According to VDOC policy, when the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, the PSCC will take immediate action to protect the offender. The PSCC reported one instance of substantial risk of imminent sexual abuse during the reporting period. The offender was subsequently moved from the unit. Interviews with the Warden and PREA Compliance Manager indicated any information received that alleges an offender is at substantial risk of imminent sexual abuse would require immediate removal of the offender and to isolate the threat.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #030.4, Pg 10

2. VDOC OP #038.3, Pg 9

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy states that upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden/Designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PSCC provided documentation indicating one (1) such notification during the previous 12 months.
- (b) VDOC policy states that within 72 hours of receipt of an allegation an offender was sexually abused while confined at another facility, the receiving Warden/designee shall notify the Warden/designee where the incident was alleged to have occurred and the agency PREA Coordinator. Documentation reviewed shows the other facility was immediately notified.
- (c) The VDOC-PSCC documents all such notifications
- (d) The Agency PREA Coordinator will initiate an investigation on any notifications that they receive from another facility. In the previous 12 months the PSCC had received two (2) such reports from another facility in which an Offender alleges they were sexually abuse while being housed at PSCC. Both incidents had already been investigated.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender 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 offender 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 offender 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 offender was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #030.4, (Pg. 6)
2. VDOC OP #038.3, (Pg. 10)
3. VDOC OP #075.1, (Pg. 6)
4. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
5. Staff Training Documents

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC staff upon learning of an allegation that an offender was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any 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, if the abuse occurred within a time period that still allows for the collection of physical evidence and 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. Random staff interviews validated their knowledge of actions to be taken upon learning that an offender was sexually abused and could describe the steps outlined in VDOC policy. A review of training documentations confirmed staff had been trained in their responsibilities as first responders and have been provided.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 10)
2. VDOC OP #075.1, (Pg 6)
3. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. VDOC Sexual Assault Response Checklist Form
5. Pocahontas State Correctional Center PREA Response Plan
6. Pocahontas State Correctional Center PREA Response Checklist

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Medical/Mental Health Staff Interviews
5. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy requires a written coordinated response plan for each facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, medical and mental health practitioners, investigators, and victim advocate services.

Interviews with the Warden and other random staff show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation. Responding staff have access to a checklist which details the steps to take in response to a sexual abuse allegation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Memo to all facilities

Interviews:

1. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

Memorandum explaining non-applicability

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."

Based upon the review and analysis of all of the available evidence, the auditor has determined that this standard does not apply

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. OP 038.3, pgs 13-14
2. OP 075.7, pg 2
3. OP 135.2, pg 7
4. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy outlines a process to protect all offenders and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The PSCC PREA Compliance Manager is responsible for monitoring.
- (b) VDOC-PSCC has multiple protection measures, such as 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 or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- (c) The PREA Compliance Manager will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. The PREA Compliance Manager also monitors any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Compliance Manager may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- (d) The PREA Compliance Manager conducts status checks and ensures that information is documented.
- (e) The PREA Compliance Manager also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender 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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP 425.4, (Pg 6,7,12,21)
2. VDOC OP 830.5, (Pg 8,9)
3. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC Policy requires that offenders identified as victims of sexual abuse shall not be placed in involuntary restrictive 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. Also, the policy contained information on post-allegation protective custody or guidelines for moving an offender to another facility as a last measure to keep offenders who alleged sexual abuse safe and only until an alternative means for keeping the offender safe can be arranged. It allows for the temporary holding, less than twenty-four (24) hours, in involuntary restrictive housing or in temporary protective custody only if the facility cannot conduct such an assessment immediately. If an offender is placed in restrictive housing, the offender is seen every seven (7) days by the mental health staff who documents their status. Placement in restrictive housing is clearly documented.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an offender 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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC #OP 030.4, (Pg. 10-11)
2. VDOC #OP 038.3, (Pg. 11,12,15)
3. VDOC Investigations Matrix
4. SIU Specialized PREA Training
5. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
6. Investigative Case Log Report

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Facility Investigator Interview
5. SIU Interview (Phone)

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- (b) Where sexual abuse is alleged, the VDOC uses investigators who have received specialized training in sexual abuse investigations as required by 115.34 and the Agency PREA Coordinator will be notified immediately.
- (c) VDOC Investigators will 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. All reports will be provided to the VDOC Investigators as soon as possible.
- (d) VDOC SIU Investigators are responsible for the criminal investigations that maybe referred for prosecution.

- (e) An interview conducted with the Facility Investigator confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as an offender or staff. The VDOC investigates all allegations of sexual abuse.
- (f) VDOC-PSCC conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.
- (g) VDOC staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence to Investigators.
- (h) VDOC-PSCC retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (i) VDOC policy states 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.
- (j) Auditor not required to audit this provision
- (k) VDOC staff provides all of their internal reports to the PREA Compliance Manager and Facility Investigator as soon as possible following an allegation. VDOC staff cooperates with investigators as requested.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #135.2, (Pg. 5)
2. VDOC OP #861.1, (Pg. 32)
3. VDOC Memo Preponderance of Evidence Standard

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Facility Investigator Interview
5. SIU Interview (Phone)

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The SIU Criminal Investigator and/or the facility's PREA Investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

Interviews with Facility Investigator and SIU Investigator indicated they conduct fact finding investigations and make conclusions following their investigations and provide the information and consult with legal and Human Resources to determine the best course of action based on the preponderance of evidence.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.73: Reporting to offenders

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

115.73 (a)

- Following an investigation into an offender's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the offender 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 offender'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 offender? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. OP 030.4, pg 11
2. OP 038.3, pg 12
3. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. Offender PREA Notification Letters

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Facility Investigator Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) Following an investigation into an offender's allegation that he suffered sexual abuse the PSCC informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.
- (b) The facility investigator provides the notification in writing to the offender.

- (c) Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility investigator will subsequently inform the offender whenever: the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- (d) Following an offender's allegation that he has been sexually abused by another offender, the facility investigator will 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 or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.
- (f) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #135.1, (Pg 11)
2. VDOC OP #135.2, (Pg 5)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.

- (b) VDOC policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. During the last 12 months, VDOC-PSCC reported zero (0) staff terminations for sexual abuse.
- (c) VDOC policy states disciplinary sanctions for violations of agency 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.
- (d) The terminations for violations of agency sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. During the last 12 months, VDOC-PSCC reported zero (0) staff resignation while under investigation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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 Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #027.1, (Pg. 12)
2. VDOC OP #135.2,(Pg. 5)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Volunteer Interview (Phone)

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.
- (b) VDOC policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.78: Disciplinary sanctions for offenders

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an offender'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 offender 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 offender 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 offenders, does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 4)
2. VDOC OP #038.3, (Pg 8,9)
3. VDOC OP #820.2, (Pg 4,5)
4. VDOC OP #830.3, (Pg 6)
5. VDOC OP #861.1, (Pg 6,8,11,12,15,21)

Interviews:

5. Warden Interview
6. PREA Compliance Manager Interview
7. Western Region PREA/ADA Analyst
1. Random Offender Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) Offenders at VDOC-PSCC are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. Offenders are made aware of the disciplinary process which is located in the VDOC-PSCC Offender Handbook.
- (b) The VDOC-PSCC Offender Handbook reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
- (c) The PSCC disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Medical and Mental Health also discussed during the audit that they have discussed an offenders mental disabilities prior to a sanction being given.
- (d) The PSCC provides therapy and other counseling services.
- (e) The VDOC-PSCC will discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) The VDOC-PSCC has a zero tolerance policy concerning sexual contact.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #425.4, (Pg 3)
2. VDOC OP #701.3, (Pg 7)
3. VDOC OP #730.2, (Pg 6)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Medical Staff Interview
5. Mental Health Staff Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) As outlined in the VDOC policy; if an offender indicates during the intake screening process they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, PSCC staff ensures the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.

- (b) This section is Non-Applicable, Only applies to jails

- (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. Medical and Mental Health staff are directed to notify VDOC-PSCC security staff immediately upon learning of any information regarding sexual abuse.
- (d) The PSCC does not regularly house offenders under the age of 18. Medical and Mental Health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender 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 offender 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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 10)
2. VDOC OP #075.1, (Pg 6)
3. VDOC OP #720.4, (Pg 5)
4. VDOC OP #720.7, (Pg 7,8)
5. VDOC OP #730.2, (Pg 7)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst
4. Medical Staff Interview
5. Mental Health Staff Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- (b) VDOC-PSCC staff act as security staff first responders, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.
- (c) VDOC-PSCC staff confirmed that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections

prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

- (d) Treatment services are 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.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are offender 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 offenders 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 offenders 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 offender 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 offender-on-offender 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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #720.1, (Pg 3)
2. VDOC OP #720.4, (Pg 5)
3. VDOC OP #720.7, (Pg 9)
4. VDOC OP #730.2, (Pg 7,8)

Interviews:

1. PREA Compliance Manager Interview
2. Western Region PREA/ADA Analyst
3. Medical Staff Interview
4. Mental Health Staff Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority.
- (b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.
- (c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.
- (d) This portion of the standard is non-applicable; PSCC is an all-male facility.
- (e) This portion of the standard is non-applicable; PSCC is an all-male facility.
- (f) Offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (g) Medical co-payment fees are not imposed to offenders for any medical services.
- (h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.

VDOC-PSCC staff had protocols in place to assist in expediting an offender to **Carilion New River Medical Center** for emergency services. In an instance that the hospital has an advocate on site they will accompany the victim during the exam. Otherwise, PSCC staff will contact the Region PREA/ADA Analyst or Action Alliance directly to provide a victim advocate upon request from the offender during the forensic medical examination.

Interviews with the medical staff confirmed that offenders (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the

offender's medical/mental health record. Medical staff has a tracking system of documenting all PREA incidents that occur at the facility.

Medical staff's interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Medical staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. OP 038.1, pgs 10-12
2. OP 038.3, pg 14
3. PSCC PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. (4) Sexual Abuse Incident Reviews (Incident Review Team meetings)

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

4. Facility Investigator
5. Medical Staff Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC policy requires 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.
- (b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team includes the Warden, PREA Compliance Manager Regional PREA/ADA Analyst, facility investigator, medical and mental health staff.
- (d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- (e) VDOC policy requires the implementation of recommendations or documents its reasons for not doing so.

VDOC-PSCC reported four (4) incidents which required *PREA Report Incident Reviews* which occurred in the facility during the reporting period. All were reviewed and comply with the requirements of this standard.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 14)
2. VDOC-PSCC Annual Reports

3. BJS Surveys

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

- (a) The VDOC-PSCC collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.
- (b) The Facility PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the Region PREA/ADA Analyst and posts it on the VDOC website. <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>
- (c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) VDOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) VDOC obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its offenders.
- (f) VDOC upon request provides all such data from the previous calendar year to the Department of Justice.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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.

The Virginia Department of Corrections (VDOC) Pocahontas State Correctional Center (PSCC) provided the following documents to assist the auditor in determining compliance with the standard:

1. VDOC OP #038.3, (Pg 14,15)
2. VDOC-PSCC Annual Reports

3. VDOC website - <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

Interviews:

1. Warden Interview
2. PREA Compliance Manager Interview
3. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

- (a) The Regional PREA/ADA Analyst collects, reviews and aggregates data pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings
- (b) VDOC-PSCC annual report includes 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
- (c) The PSCC's annual report is prepared by the Regional PREA/ADA Analyst and approved by the Director of Corrections and made available to the public on the VDOC website. <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>
- (d) VDOC indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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.

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1. VDOC OP #038.3, (Pg15)
2. VDOC website - <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

Interviews:

1. Western Region PREA/ADA Analyst

Site Review Observations:

Observations during on-site review of physical plant

- (a) VDOC-PSCC ensures that data collected pursuant to § 115.87 is securely retained.
- (b) VDOC-PSCC makes all aggregated sexual abuse data readily available to the public at least annually through its website. - <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

(c) VDOC removes all personal identifiers before making aggregated sexual abuse data publicly available.

(d) VDOC maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Virginia Department of Corrections (VDOC) web page <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>. The page has posted audit reports for their forty-six (46) facilities.

The auditor had access to the entire facility and was able to conduct confidential staff and offender interviews and was provided documentation as need to assess compliance with the standards. Offenders were aware they could send confidential correspondence to the auditor. Pre-audit postings were seen in all areas of the facility.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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.

The auditor reviewed the Virginia Department of Corrections (VDOC) web page

<https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>. The page has posted audit reports for their forty-six (46) facilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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 offender 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.

Chris Sweney

11/22/2020

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.