

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 24, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: April 26 & 27, 2017			
Facility Information			
Facility name: Deerfield Correctional Center			
Facility physical address: 21360 Deerfield Drive, Capron, VA 23839			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 434-658-4368			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Tammy C. Brown			
Number of staff assigned to the facility in the last 12 months: 327 full-time/18 part-time			
Designed facility capacity: 1080			
Current population of facility: 1062			
Facility security levels/inmate custody levels: Security Level 2			
Age range of the population: 23-86			
Name of PREA Compliance Manager: Deborah Hudson		Title: Institutional Operations Manager	
Email address: Deborah.hudson@vadoc.virginia.gov		Telephone number: 434-658-3632	
Agency Information			
Name of agency: Virginia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 6900 Atmore Drive, Richmond, VA 23225			
Mailing address: <i>(if different from above)</i> PO Box 26963, Richmond, VA 23261-6369			
Telephone number: 804-674-3119			
Agency Chief Executive Officer			
Name: Harold Clarke		Title: Director	
Email address: Harold.clarke@vadoc.virginia.gov		Telephone number: 804-887-8081	
Agency-Wide PREA Coordinator			
Name: Rose Durbin		Title: PREA/ADA Supervisor	
Email address: rose.durbin@vadoc.virginia.gov		Telephone number: 804-887-7921	

AUDIT FINDINGS

NARRATIVE

The Virginia Department of Corrections contracted with G4S Youth Services, LLC to conduct a PREA audit at Deerfield Correctional Center. DOJ Certified auditor Bobbi Pohlman-Rodgers, Sr. Director of JJDA/PREA Compliance, was the identified auditor for this facility.

The facility was provided PREA audit notices to be posted where both staff and offenders could view the information. These were sent to the facility to be posted no later than March 13, 2017, which was 6 weeks prior to the audit. The facility provided a flash drive with required information and the Pre-audit Questionnaire prior to March 29, 2017. The auditor took time to review the material and contacted the facility prior to arrival with a list of documents that were to be prepared for viewing, including inmate rosters by housing unit, staff schedules for both shifts for the two days on-site, a list of inmates identifying those with disabilities, Limited English proficiencies, LGBTI status, those with current allegations and prior reports of victimization. Additionally, the auditor provided an additional list of items needed on the first day of the audit.

The audit began at 8:00 A.M. on April 26, 2017 with a meeting between the auditor and Warden Brown, PREA Compliance Monitor Hudson, Agency PREA Coordinator Rose Durbin, Regional PREA Analyst LaWanda Long, Meredith Wrenn, Curtis Starke, Theresa Doyle, Susan Bolton, Teresa Porrovecchio, Darren Walker, Paul Hawkins, JoAnn Halsey-Harris, Kirk Chalmers, Darlene Ellsworth and Kenneth Bradley, Sr. The auditor introduced herself and presented a tentative schedule for the two-day on-site audit.

After the entrance meeting, the auditor reviewed all documents requested and selected the following specialized staff for interview: Warden, PREA Compliance Manager, Upper Level Management staff, Medical Staff, Mental Health Staff, Contractor, Investigator, Intake Staff, Risk Screening Staff, Incident Review Staff, Retaliation Monitor, Chief of Security, and the Grievance Coordinator. The Agency Head and Agency PREA Coordinator were interviewed by other auditors who provided their notes to this auditor for use. The auditor then randomly selected 11 staff for interviews. The auditor reviewed the requested lists of unique offenders for use and selected 14 offenders for interview that included two disabled offenders, one LGBTI offender, and one offender with both a prior victimization and a current allegation. The remaining offenders selected for interview were randomly selected from the remaining units.

A tour of the facility followed the selection of interviewees. There are 10 buildings within the secure perimeter of the facility. The auditor was provided a complete tour of the facility that included 12 housing units, administration offices, support building, visitation, classrooms, conference/multi-purpose room, operations offices, gymnasium, outdoor recreational areas, greenhouse, program room, barbershop, electrical & mechanical rooms, library, chaplain office, sally port, medical, infirmary, dental office, mail room, pharmacy, radiology, 2 offender dining rooms, kitchen, staff dining, property storage, commissary, and treatment services. Pre-Audit notices were observed in all housing units and many of the other areas where both staff and offender frequently pass.

The auditor conducted informal questioning with the Physician, property staff, and the mail clerk during the tour, as well as a number of random inmates and staff.

There are 7 buildings used for housing offenders. All housing units were open bay with general bathrooms and showers, with the exception of Unit G. Unit G is under renovation and does not hold offenders at this time. However a review of the building showed that privacy is offered for toileting, showering, and changing clothing, as well as phones installed and information on how to report sexual abuse and sexual harassment. Unit A100 is the Veterans Dorm, Unit D700 is an Assisting Living Dorm and contains ADA housing, Unit E900 is a Medical Dorm, Unit F1100 is a Pre-Cognitive Unit, and Unit F1200 is a Cognitive Unit. Units A200, B300, B400, C500, C600, D800, and E1000 are all General Population Units. Privacy is provided through walls, doors and/or screens. Phones for offender use were in each housing unit, with signage for reporting sexual abuse and sexual harassment through #55. All housing units contained information posted on How to report and outside support services. Offices and classrooms had windows to allow for supervision, though some papers that prevented ease in supervision and this was immediately corrected by the facility.

A gymnasium is available for indoor recreation and a large recreation area is available for outdoor recreation. Recreational activities include basketball, shuffleboard, exercise equipment, and baseball. Assisted Living Inmates receive special recreation daily that allows the use of medicine balls and dumb-bells.

The horticulture program includes a large greenhouse, where offenders assist in the growing of a variety of plants. The volunteer who runs the program has 2 aides to assist. This greenhouse is just off the Support Services building.

The medical clinic examination rooms had removable window coverings to assist with privacy. The physician confirmed that inmates are seen with the doors open. The dental office had windows to allow for supervision. The medical closets and pharmacy have restricted key access. The medical area also has a language translation chart on the wall to assist with Limited English Proficient offenders. The infirmary within the medical clinic has negative pressure isolation cells and temporary housing that include access to a rolling phone and reporting information painted on the wall (#55).

The kitchen is a large open area with some areas that are not easily seen by cameras or staff – specifically the hallway, dry storage, bakery and dish area. The facility administration addressed these areas. Keys to the sugar room are restricted keys.

The visitation area is a large open area with table and chairs. Offenders arrive in time to change into a jumpsuit and deck shoes in order to attend visitation. After the visits, inmates are searched and change into their own clothing. The search area is not in the sight of the camera or opposite gender staff.

The commissary is a single building near the sally port where two staff and two offenders work. One staff will leave the area to deliver commissary to the buildings, leaving one staff with offenders. This was of a concern to the auditor for the safety of the staff and offenders. While the yard officer conducts checks of this area, the facility implemented unannounced rounds to this area as well.

The sally port has a holding cell with camera view of the toilet. In discussion with the PREA Compliance Manager, Regional PREA Analyst, and Agency PREA Coordinator, this toilet is not workable and is not used.

The auditor noticed signs posted “See Something/Say Something”, which is a newer program at the prison. Both offenders and staff are encouraged to report any misconduct, including sexual abuse or sexual harassment. The Agency has reported that this has been an effective system.

Access to mechanical rooms, electrical rooms, telephone rooms are limited to maintenance staff and the yard officer.

The facility has also implemented an Offender Review Committee where one representative offender from each unit is brought together quarterly to meet with all disciplines and discuss concerns.

The auditor noted on the tour that female staff were announced by staff. Interviews and logbook checks confirmed that this is a normal practice at the facility.

Following the tour, the auditor began the interview process. The interviews continued into the late evening.

The second day of the audit began early and ran into the later afternoon with the remaining interviews and a second look at the gymnasium and greenhouse. Upon completion of this tour, the auditor was able to review additional documents and notes and met with the following persons to identify challenges: Warden Brown, PREA Compliance Manager Hudson, Agency PREA Coordinator Durbin, Regional PREA Analyst LaWanda Long, Cynthia Bhuya, Major Walker, and JoAnn Halsey-Harris. A discussion was held that while policy clearly met the requirements of the standards, some of the systems did not meet the requirements of the standards. A plan of action was put into place in order for the facility to provide documentation to the auditor before the writing of this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

Deerfield Correctional Center is located in Capron, within the county limits of Southampton, Virginia. The facility was opened in 1994, and is located adjacent to the former Southampton Correctional Center. Deerfield Correctional Center Complex is a large multifaceted facility comprised of Deerfield Correctional Center, Deerfield Men's Work Center, Deerfield Women's Work Center and Brunswick Women's Reception/Pre-Release Center. Deerfield Correctional Center currently houses up to a total of 1080 male offenders. Housing includes four buildings with open dormitories, and an 18-bed infirmary.

Due to the growing population of aging prisoners, Deerfield Correctional Center was chosen to house the geriatric population in the Virginia Department of Corrections. The assisted living unit located in the 700 pod of D Building, provides 56 beds for the geriatric population that requires additional assistance with daily living activities. Possibly one of the greatest challenges we face is end of life cases and the realization that at some point in the process, comforting care replaces the extensive expenditure associated with curative medical care for those offenders with terminal illness. The staff is very sensitive to the wishes of the offender and family during this time, providing as much opportunity as possible for visitation and family involvement when the end of life is near.

In keeping with Deerfield Correctional Center's mission of offering programs that are consistent with correctional principles and constitutional standards, the Treatment Department facilitates the following: Thinking for a Change, Thinking for a Change Booster Sessions, Sex Offender Awareness Program, Preventing Recidivism by Education for Parole Success (PREPS), Orientation, Vietnam Veterans of America (VVA) Ch. #682, Restorative Justice (How to Handle Conflict), Matrix Substance Abuse Model-Early Recovery Skills, Matrix Substance Abuse Model-Family Education, Matrix Substance Abuse Model-Relapse Prevention; Matrix Substance Abuse Model-Social Support; S.A. 12 Step; Ready to Work and Productive Citizenship (Phase II); Anger Management: A Cognitive Behavioral Approach, Caregivers Support Group and Offender Work Program.

Deerfield's Cognitive Community, located in the 1200 pod of F building, is a six-month program designed to successfully prepare offenders to return to society. The program offers the tools and support needed to create a smooth transition from incarceration to freedom. This program is based on Cognitive Behavioral Therapy, applied to a Community Living Setting. Participants are required to complete Thinking for a Change, Ready to Work, Substance Abuse Matrix, PREPS, and Resources for Successful Living and Process Group. Every participant is assigned to a position in the community that maintains the structure and order of the community. Seminars are offered on topics such as Leadership, Job Interview Skills and Resume Writing. Semi-annually, men are recognized for their participation in the community during a celebration where family and friends are encouraged to come and support their successes. The program allows for community agencies to come into the institution and express their support of the men and their efforts on the road to right living. As the program philosophy states, Deerfield Correctional Center's Cognitive Community is about *New Beginnings*.

The educational programs at Deerfield consists of academic, vocational and apprenticeship programs. The emphasis is to help offenders become increasingly self-directed and responsible for their own learning. Each student progresses at his own rate to achieve the goals he has set for himself. The following academic programs are offered at Deerfield: Adult Basic Education (ABE), General Education Development (GED), Computer Applications (includes Introduction to Computers, Business Software Applications and Advanced Business Software Applications). Deerfield offers vocational training in Horticulture and Electrical. The Horticulture program includes a greenhouse and outdoors garden areas. Apprenticeships are offered for Bakers and Cooks. Additionally, offenders can also take approved college correspondence courses. Graduation ceremonies are held annually for offenders to receive certificates and diplomas from their courses. Families are invited to attend along with members of the local community.

In addition to treatment and educational programs Deerfield also offender a variety of religious services to include Protestant, Native American, Moorish Science Temple, Nation of Islam, Jehovah Witness, Catholic, Rastafarian, Bible Study, Bible College, Discipleship, Jummah Prayer, Seventh Day Adventist and Messianic Jews. The contracted Chaplin utilizes community volunteers for some services.

SUMMARY OF AUDIT FINDINGS

At the conclusion of the on-site audit, the auditor identified challenges in the following standards: 115.13, 115.15, 115.16, 115.31, 115.33, 115.41, 115.53, and 115.82. These were discussed with the leadership and the facility was given a date to have all information to the auditor. Prior to the writing of this report, the facility provided documentation to the auditor regarding the above mentioned standards. The facility conducted trainings, education, and implemented systems in order to meet the requirements of the standards.

After a review of the additional supplemental documents provided by the facility, this auditor has determined Deerfield Correctional Center is compliance with all standards of the Prison Rape Elimination Act.

A sincere thank you goes to the Ms. Hudson, Ms. Durbin and Ms. Long – all who were quick to locate and provide to the auditor any documentation that was requested, as well as to ensure that the challenges identified during the on-site were quickly rectified.

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): This policy outlines the implementation of the agency’s approach to preventing, detection, and responding to sexual abuse and sexual harassment. DOC prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): The Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): Addresses the rules of conduct between employees and inmates and defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions.

Deborah Hudson, Operations Manager, serves as the facility PREA Compliance Manager. She is identified within the Agency list of PREA Compliance Managers. She serves as the facility PREA Compliance Manager for three facilities that are all located in the same area. She reports directly to the Warden. In this position, she is responsible for coordinating the facilities PREA efforts in conjunction with the requirements of the PREA standards, maintaining necessary documentation of PREA standard compliance efforts, acts as the primary facility contact for the PREA Analyst, ensures compliance with all PREA related departmental, ACA and/or governing authorities policies/procedures, and provides regular feedback to the Unit Head and regional PREA analyst concerning policies, procedures, or practices that are not in compliance with PREA standards. She is also expected to model professional behaviors with all staff levels as well as with offenders.

Rose Durbin is the Agency-wide PREA Coordinator. She has the responsibility for 41 facility PREA Compliance Managers. She has the assistance of two PREA Analysts and a PREA Hotline Coordinator. She reports directly to the Operations Manager Support. Under the direction of the Corrections Operations Administrator, Ms. Durbin manages the activities of the Prison Rape Elimination Act (PREA) and American with Disabilities Act (ADA) Unit of the Department of Corrections. This supervision includes 2 PREA Analysts and a PREA Hotline coordinator. The position services as supervisor of the PREA/ADA Unit. Support of assigned unit includes personnel management and support and management of activities in support of all operations objectives. This position has overall responsibility for developing, implementing, and overseeing the Department’s program to comply with PREA and ADA initiatives.

LaWanda Long is the Eastern PREA Analyst. She is responsible for coordinating the facilities/regions comprehensive PREA response including technical and administrative guidance, creation of supporting policies and practices, design and modification of training, programming, investigation and analysis and interpretation relative to PREA implementation, compliance and investigation. She crafts and orchestrates strategies to ensure appropriate environments/cultures, and enforcement of policies, procedures, practices and standards for the prevention, detention and reduction of prison rape; ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility exceeds the standard, in that there is a PREA/ADA Unit with 3 staff within the Agency and the facility has a designated PREA Compliance Manager as well as a Regional PREA Analyst who provides guidance and assistance.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): This policy requires that facilities and jails that contract for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards.

PROCUREMENT OF GOODS AND SERVICES, Operating Procedure 260.01 (rev 2016): Requires that all contracts for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with PREA standards have failed, the DOC may enter into a contract with any entity that fails to comply with these standards. In such cases, all unsuccessful attempts to find an entity in compliance with standards must be documented.

Deerfield Correctional Center does not contract directly with any outside entity for the confinement of its DOC offenders; however the Agency contracts with GEO Group, Inc. for the running of Lawrenceville Correctional Center. The last contract amendment was in February 2017. The amendment in 2013 added a requirement for the contracted agency to adapt and comply with PREA standards, as well as requires the state agency to monitor for PREA Compliance.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SECURITY STAFFING, Operating Procedures 401.2 (rev 2017): Requires each facility must develop and document a staffing plan that addresses all 11 categories as identified in the PREA standard. The facility must also make its best efforts to comply on a regular basis with the staffing plan to provide adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. Deviations from the staffing plan are required to be documented and justified. An annual review of the existing staffing plan and all post audits are required to be completed by January 31 of each calendar year, or more frequently as needed. Comprehensive written explanations for why a facility is not staffing to plan or staffing to post audits are required to be provided to the Regional Operations Chief for review and forwarding to the Regional PREA Analyst.

The facility staffing plan shows that there are currently 465 positions, of which 440 are currently filled. A review of the staffing plan on January 30, 2017 by Warden Brown addresses all of the required factors as per the PREA standards and was reviewed and approved by the Agency-wide PREA Coordinator on March 20, 2017. Each deviation from the schedule contains a leave code. Deviations of the staffing plan are noted on the Daily Duty Roster and these are reviewed by the Warden daily. Deviations are identified by code and include: Annual Leave, Comp Time, Civil Work Related, Educational Leave, Family/Personal Leave, Military Leave, Public Health Emergency Leave, Recognition leave, School Assistance & Volunteer Services Leave, Sick Family Leave, Sick Personal Leave, Short Term Disability Leave, PREA Audit Report

Training, Workers Compensation Leave, and Leave without Pay.

DEVELOPMENT AND MAINTENANCE OF POST ORDERS, Operating Procedure 401.1 (rev 2016): Requires that unannounced rounds shall be conducted by a person that is of the rank of Lieutenant or higher and must be conducted intermittently during the month and must be conducted on both night and day shifts. Supervisors are prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

ADMINISTRATIVE DUTY COVERAGE, Operative Procedure 401.3 (rev 2015): Requires documented unannounced rounds to identify and deter staff sexual abuse and sexual harassment, and requires these to be conducted intermittently during the month and can be scheduled as part of the 14 hour clock.

Each housing unit contains a PREA Logbook, where unannounced rounds are documented, including the signature of the person conducting the rounds, the date and time. A review of samples provided by the facility of random dates and random housing units shows that there are two unannounced rounds conducted daily by a Lieutenant or higher noted in both the PREA Logbook and the unit logbook. Additionally, other staff – Sergeant and Unit Manager - may also conduct unannounced rounds and these are documented as well. Staff confirm that rounds are conducted hourly in all areas in addition to the unannounced rounds.

However, it was discovered that there was little documentation of unannounced rounds in other areas of the facility, more specifically was the commissary. The facility immediately responded to the concern by instituting a logbook in the commissary and issuing a memo to all staff regarding the requirements of unannounced PREA rounds. The facility conducted training with all staff and proof of staff's education by way of their signature was provided to the auditor.

There are 135 cameras in the facility of which the Watch Commander, Administrative Duty Officers, Warden, Operations Manager, Chief of Housing/Programming, Assistant Warden, and the Chief of Security have access. A review of the cameras found that none of these cameras capture areas where inmates may be toileting, showering, changing clothing, or being searched.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Addresses the housing and supervision of youthful offenders for the Agency. Youthful offenders shall not be placed in housing units in which they have sight, sound or physical contact with any adult inmates through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Direct supervision must be maintained by facility staff when a youthful inmate is within sight, sound, or physical contact with an adult offender.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Defines a youthful inmates as a person under the age 18 who has been convicted as an adult. This procedure documents that the Department of Corrections has specialized housing arrangements for youthful inmates that meet the requirements of this standard, and that all youthful inmates shall be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution. This also allows for the removal of a youthful inmate to a Special Housing unit due to exigent circumstances.

Memo from Warden Brown, dated February 1, 2017, states that Deerfield Correctional Center does not house youthful offenders.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the standard is not applicable to this facility.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

EMPLOYEE, VISITOR, AND OFFENDER SEARCHES, Operating Procedure 445.1 (rev 2015): Requires strip searches to be conducted by trained DOC employees of the same gender as the offender being searched, unless there is an immediate threat to the safe, secure, and orderly operation of the facility and there is no other available alternative. Searches by cross gender staff must be approved prior to the search with notification made to the Administrative Duty Officer and the Regional PREA Analyst, and a completed Internal Incident Report must be submitted. Transgender and intersex offenders expressing a preference regarding the gender of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review. Only a medical practitioner may conduct probes of the body cavities of an offender, and this must be authorized by the Facility Unit Head or Administrative Duty Officer and must be documented in a completed Internal Incident Report. Requires that only female staff can conduct a frisk search of female inmates. Male inmates may conduct a frisk search of female offenders only where there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative, approval has been granted by the Shift Commander prior to the search, notification is made to the Administrative Duty Officer and the Regional PREA Analyst and an Internal Incident Report is submitted. Access to regularly available programming or other out of cell opportunities for female offenders shall not be restricted in order to comply with this requirement.

The facility does not conduct cross-gender visual body cavity searches or strip searches, except in exigent circumstances, and must be authorized prior to the search. Any visual body cavity search is conducted by medical staff. No staff reported conducting a cross-gender strip or visual cavity search. All cross-gender searches are required to be documented in an Internal Incident Report.

DEVELOPMENT AND MAINTENANCE OF POST ORDERS, Operating Procedure 401.1 (rev 2016): Requires that staff of the opposite gender must announce their presence when entering into an offender housing unit.

SECURITY STAFFING, Operating Procedures 401.2 (rev 2017): Requires that offenders shall be permitted 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 incident to routine cell checks. Also requires that opposite gender staff shall announce their presence when entering an offender housing unit and must document the announcement in the logbook.

All announcements for cross-gender entering a housing unit is required to be documented. The agency had previously documented the cross-gender announcements directly into the unit logbook. In 2016, the facility went to a PREA Logbook that allows for the documentation of the announcement; however it is seen in both logbooks in some instances. Samples of both logbooks were provided for review. Both staff and inmates report that female staff announce their presence.

FACILITY PHYSICAL PLANT AND SANITATION, Operating Procedure 801.1 (rev 2015): Requires): Requires that facility procedures and practices enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE, Operating Procedure 720.2 (rev 2015): Requires that if a transgender or intersex offender’s genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if necessary, by learning this information as part of a broader medical examination conducted in private.

The Virginia Department of Corrections provides search training to all staff through Institutional In-Service Training. Samples provided show that “Searches & Restraints” is a normal part of the in-service training that are required to complete annually. Staff interviews found that the majority of staff knew the agency policy regarding the searching of transgender and intersex inmates, however, some were unclear.

The Agency PREA Coordinator issued a memo shortly after the audit to the Warden to reiterate that any transgender or intersex offender that has an approved strip search deviation shall be strip searched by corrections staff of the same gender as the offender. The PREA Unit and Policy and Initiatives are currently working on a policy revision. This memo was used to brief at muster and was provided to all mental health staff.

There are 135 cameras in the facility of which the Watch Commander, Administrative Duty Officers, Warden, Operations Manager, Chief of Housing/Programming, Assistant Warden, and the Chief of Security have access. A review of the cameras found that one of these cameras capture areas where inmates may be toileting, showering, changing clothing, or being searched. This was identified in the sally port where a toilet could be seen. After further discussion, the toilet was purposely made inoperable.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and follow-up by the facility, the auditor has determine the facility meets the requirements of the standard.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders with disabilities and who are Limited English Proficient 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. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with offenders disabilities, including offenders who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient. The policy prohibits the use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-responder duties, or the investigation of the offender’s allegations.

The Agency has entered into a contract with Purple Communications, Inc. on October 31, 2016 for services of Sign Language Translation and Video Remote Interpreting Services. This is in effect for one year with renewable options. The Agency has used Purple Communications, Inc. since 2011.

The Agency has entered into a contract with Optimal Phone Interpreters, Inc. on November 13, 2015 for services of language interpretation services. A renewal was issued in November of 2016 for another year. Prior to this, the Agency had a contract with Vernacular Language Services from 2014 – 2015.

The Agency has created a PREA Brochure for the purposes of educating offenders on Prison Rape Elimination Act, which includes information on suspicious behavior, reporting, prevention strategies, making false claims, sexual misconduct definitions, and retaliation. This Brochure is available in English and Spanish (the most common non-English language in the Agency). The Agency has also translated the PREA Brochure into Braille through the services of their Enterprises division at Fluvanna Correctional Center for Women. This is available upon request of any facility.

Staff report that all new offenders receive PREA information at intake. While a variety of services are available for offenders who have disabilities or are limited English proficient, staff interviews found that there is no system to determine any disabilities or limited English proficiency of offenders at intake. During an interview with an offender with a hearing disability, he reported that the majority of information was read to him and he did see the videos. Upon discussion during the audit, the Warden issued a memo that all staff received (by signature acknowledgement) that details the system to ensure offenders are receiving information in a format that is understood. This system now aids in the identification of hearing impaired, sight impaired, limited English proficiency, and limited reading offenders and explains clearly how the PREA information is to be presented to the offender.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and follow-up by the facility, the auditor has determine the facility meets the requirements of the standard.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RECRUITMENT, SELECTION, AND APPOINTMENT, Operating Procedure 102.2 (rev 2015): States that the Department of Corrections shall not hire or promote anyone for a position that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department of Corrections shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders. The Department of Corrections must ask all applicants and employees who may have contact with offenders directly about previous misconduct noted above in written applications or interviews for hiring or promotions.

PROCUREMENT OF GOODS AND SERVICES, Operating Procedure 260.01 (rev 2016): States that the Department of Corrections shall not hire any contactor that may have offender contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Department of Corrections shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders.

BACKGROUND INVESTIGATION PROGRAM, Operating Procedure 102.3 (rev 2014): Requires that a criminal background shall be conducted before hiring new employees who may have contact with offenders, and will 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 allegations of sexual abuse. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with offenders. Requires that a criminal background records check is completed at least every five years for current employees and contractors, and annually for sensitive specialist assignments.

LITIGATION, Operating Procedure 040.1 (rev 2015): Requires an employee charged, or convicted, with a criminal offense either on or off the job or a moving traffic violation that occurs on or off the job or in a state vehicle, shall inform their organizational unit head immediate if received during normal working hours, or the next work day if received during non-working hours. Employees who have been charged or found liable in a civil or disciplinary proceeding to have engaged or attempted to engage in sexual activity by force (overt or implied threat of force, coercion, or if the victim did not consent or was unable to consent) shall inform their organizations unit head immediate if received during normal working hours or the next working day if received during non-working hours. All notifications shall be documented on a Criminal Offense/Moving Traffic Violation Notification. Failure to report or material omissions regarding charges convictions 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) in the community, or charged or found liable in a civil or administrative proceeding for sexual activity by force shall be grounds for termination.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): States that 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.

EMPLOYEE PERFORMANCE MANAGEMENT, Operating Procedure 145.2 (rev 2013): Requires that each employee shall be required to

annually complete Section I of the Employee Self-Assessment to document a response to the following questions: Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail or juvenile facility? Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)? This form and the employee's signature are a reminder that there is a continuing affirmative duty to disclose any such misconduct.

PERSONNEL RECORDS, Operating Procedure 057.01 (rev 2016): Requires the Agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to any institutional employer for whom which the employee has applied to work provided the request is written.

A master list of all employees and contractors is maintained by the Human Resources Director. Under this guidance, five year background checks are conducted. The Agency provided the master list to the auditor for review and no background check older than 4 years was found within the document.

The HR representative reported that all staff are required to submit their acknowledgement of their duty to disclose any previous misconduct during their annual evaluation, as well as answer the three questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same. She reported that background checks are conducted every 5 years, at hire, and at promotion, a Driver's License check is conducted annually, and they will release prior employment information with a signed authorization by the former staff.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility exceeds the standard, as such the agency requires all staff to annually answer the three questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FACILITY PHYSICAL PLANT AND SANITATION, Operating Procedure 801.1 (rev 2015): Requires consideration of a facility's ability to protect an offender from sexual abuse when designing, acquisitioning, expanding or modifying a facility. Requires consideration of a facility's ability to protect an offender from sexual abuse when installing or updating any video monitoring systems, electronic surveillance systems, or other monitoring technologies.

Warden Brown issues a memo on February 1, 2017 that states there have been no upgrades to the facility to technology. The Warden confirmed no changes to the facility in an interview.

Based on the information discovered in the agency policies, observations, and information obtained through memo and interview, the auditor has determine the facility meets the requirements of the standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Identifies that the Special Investigations Unit (SIU) has established a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is developmentally appropriate for youth and is based upon or similar to other comprehensive and authoritative protocols developed after 2011. Requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interview. And requires the victim's consent to collect forensic evidence by a specially trained professional medical practitioner using a kit approved by the appropriate authority (PERK kit recommended). While it is recommend that evidence collection is conducted within 72 hours, it will be collected beyond that time whenever there is a possibility of evidence remaining.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): Requires the use of a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible to perform a forensic medical examination. States that there is no financial cost to the offender for this examination. And requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. Clarification of what constitutes a qualified staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires attempts to provide a victim advocate from a rape crisis center to a victim of sexual abuse. If a rape crisis center is not available to provide victim advocate services, the Department of Corrections shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

MOU with Virginia Sexual & Domestic Violence Action Alliance went into effect initially in 2015 and has been renewed each year since. The new renewal runs through April 30, 2018. This MOU provides victim advocates as requested.

MOU with Mountain States Health Alliance went into effect initially in 2013 and has been renewed each year since. The new renewal runs through August 31, 2017. This MOU provides for PREA Forensic Nurse Examiner Services.

The facility maintains a rotation schedule for community-based advocates and their contact phone numbers. The schedules provided show services from 2013 through current. The Virginia Forensic Nurse Examiners Program list provides the agency with a list of facilities that conduct SANE services throughout Virginia. The Virginia Commonwealth University Health Services (VCUHS) provides SANE services for this facility and has a SANE on staff. The VCUHS services went into effect in 1997. In the past 12 months, there have been no allegations where a victim required a forensic medical examination.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. The initial investigation may be conducted by the facility investigator. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU). Special Investigations Unit (SIU) shall conduct investigations into criminal behavior, procedural or administrative violation, or employee misconduct affecting the operation of the Department. The SIU Chief shall review the nature of all allegations received to determine if an investigation is warranted.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that the Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the Special Investigations Unit (SIU) who has the legal authority to conduct criminal investigations, including allegations of sexual abuse or sexual harassment. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiated a case for administrative action or prosecution referral. Requires that the Special Investigations Unit (SIU) is authorized to conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities. Special Investigations Unit Investigators are designed with the same power as a law-enforcement officer in the investigation of criminal behavior affecting the operations of the Department of Corrections.

The facility reported 7 allegations of sexual abuse or sexual harassment were received in the past 12 months. The auditor reviewed samples of 4 investigations. Each were determined by the facility investigator to be unfounded, and therefore were not required to be reported to the Special Investigations Unit (SIU). In an interview with the Investigator, it was reported that SIU conducts criminal investigations, as well as any staff involved investigations and the facility conducts administrative investigations.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires all new employees to receive PREA orientation training that covers all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee’s facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training

on current Department of Corrections sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

New employee training requires one week of training that includes a 3-hour PREA class. All 10 areas of PREA education as dictated by PREA standard 115.31 were observed in the curriculum. In-service training requires a 2 hour and 45 minute PREA class. All 10 areas of PREA education as dictated by PREA standard 115.31 were observed in the curriculum. Documents reviewed showed that in-service training was completed for the selection of staff interviewed, thus exceeding the requirement of every two years with refresher in between.

Staff interviews confirmed that they receive PREA education annually through their in-service training. The majority were able to articulate specifics of the topics during the interview. More than half of the interviewees were not familiar with elder abuse laws. After discussion with the Warden, a memo was issued to all staff (acknowledgement through signature) that defines the law and who is responsible for reporting. Documentation was received by the auditor of this training.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and followup by the facility, the auditor has determine the facility meets the requirements of the standard.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all contracts and volunteers who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. The level and type of training provided shall be based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. At a minimum, such person should be provided with a copy of the brochure A Guide to Maintaining Appropriate Boundaries with Offenders.

VOLUNTEER PROGRAM, Operating Procedure 021.7 (rev 2013): Requires volunteers who will have no offender contact other than under close direct supervision of a corrections employee to a trained volunteer should be provided the Rules for Volunteers, A Guide to Maintaining Appropriate Boundaries with Offenders, and a Receipt and understating of these material will be documented by the volunteer's signature on the Rules for Volunteers. Requires the Volunteer Coordinator shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires 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, detention, and response policies and procedures. Long-term, full-time contract staff with offender contact shall comply with the same orientation and training as equivalent DOC employees.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires 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, detention, and response policies and procedures.

Contractor and Volunteer training includes a Power Point that was provided the auditor for review and addresses all components of the PREA Audit Report

agency policies and PREA standard 115.32.

A Guide to Maintaining Appropriate Boundaries with Offenders, For Contractors and Volunteers of the Virginia Department of Corrections: This brochure was reviewed for content and addresses the zero-tolerance policy, identifies the levels of contact with offenders, duty to report information, red flag information and prevention tips.

This facility reports 153 volunteers and contractors. A sample of training acknowledgement forms were provided to the auditor for review and all were signed in 2016. The facility also provided a list of all volunteers that shows the dates of their start date and date of PREA training. One contractor was on site to be interviewed. She reported that she receives PREA education annually at in-service training, as well as e-mails that are PREA related. Additional information is available to her through the virtual library.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders receive initial PREA training immediately upon intake that consists of Preventing Sexual Abuse & Sexual Assault, Section 1 of PREA video “PREA: What You Need to Know” and a copy of the Sexual Assault Awareness and Prevention brochure. Within 10 days, the offenders is required to have completed comprehensive PREA training utilizing Preventing Sexual Abuse & Sexual Assault, and PREA videos “PREA: What You Need to Know” and “Breaking the Silence of Offender Sexual Abuse”. Facilities are required to provide the information for Limited English Proficient offenders, and those with disabilities such as limited reading skills, deaf or visually impaired. The offenders’ signature on the acknowledgement form, which will be uploaded in VACORIS as a special entry note. Offender training documentation is noted on the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training which shall be uploaded into VACORIS.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that inmates transferred from one facility to another will be provided a copy of the Sexual Assault Awareness and Prevention Brochure that includes the Sexual Assault Hotline number. If there is no record of having received the comprehensive PREA education in the offender’s record, the offender will then be provided PREA training as described for a new intake. Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

Sexual Assault Awareness and Prevention brochure contains information on What is PREA?, Suspicious Behavior, Reporting, Prevention strategies, Sexual Misconduct definitions, Making False Claims, Retaliation, and 3rd Party reporting information. Methods of reporting within this brochure include telling a staff, utilizing the PREA hotline #55, and contacting the National Sexual Assault Hotline (1-800-656-4673). Obtaining emotional support services can be requested by calling the Virginia Victim Assistance Network (1-800-838-8238) or writing to the Virginia Sexual & Domestic Violence Action Alliance at PO Box 17115, Richmond, VA 23226. Third party reporting can be made to the Virginia Department of Corrections PREA Office at 1-855-602-7001.

Offender Orientation Manual contains PREA education that is reviewed during the Orientation process. The manual contains specific information on the Prison Rape Elimination Act, PREA Hotline, Strategies to avoid sexual abuse/assault, Agency Zero-Tolerance policy, Other ways to report, Emotional Support Services and how to access, Victim Advocates and how to access, and AIDS information.

Interviews with inmates found that they have received information on intake regarding sexual abuse, sexual harassment, and how to report upon each facility intake (including transfers). Intake staff interviews found that the information is provided at initially on the first day. A review of the education acknowledgements found that the information provided to inmates at intake is not appropriately documented. After discussion with the Warden, training was conducted with the intake staff to ensure that all documents are appropriately completed as

required by policy. Comprehensive education is required to be completed within 10 days of an offender's arrival. A review of the Sexual Abuse and Sexual Assault Training for offenders shows that this training was conducted as required and includes a viewing of the video "PREA What you need to know" and video "Breaking the Silence of Offender Sexual Abuse". The facility agreed to provide all inmates' comprehensive education in order to show compliance with the standard as the documentation was not clear. On May 2, 2017, the facility provided PREA education through video to all offenders. Documentation was received through a database.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and follow-up by the facility, the auditor has determine the facility meets the requirements of the standard.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires all new employees to receive PREA orientation training that covers all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Employees are required to document that they understand the training and this shall be through employee signature or electronic verification.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee's facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that PREA Investigators shall complete general PREA Training that is provided to all employees and specialized training in conducting sexual abuse investigations in confinement settings. Specialized training must include: Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and Criteria and evidence required to substantiate a case for administrative action of prosecution referral. Requires that the facility PREA Compliance Manager shall maintain documentation of the facility investigator's completed specialized training.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires that PREA Investigators shall receive special training in sexual abuse investigations, including Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and Criteria and evidence required to substantiate a case for administrative action of prosecution referral.

Specialized Training for Investigators is a 2.5 day training conducted by the Virginia Department of Corrections. Topics covered include Module 1: PREA Refresher and Overview of the PREA Investigative Standards, Module 2: Legal Issues & Agency Liability, Module 3: Overview of the VA DOC Policies and Procedure, Module 4: Agency Culture and Boundary Issues, Module 5: First Response and Evidence Collection, Module 6: Forensic Medical Exam, Module 7: Trauma and the Victim Response, Module 8: Prosecutorial Collaboration, Module 9: Interviewing Techniques, and Module 10: Report Writing.

The facility provided proof of two facility investigator trainings that were conducted as required. Additionally, it is noted through training records that both the PREA Analyst for this area and the Agency-wide PREA Coordinator have also completed this specialized training. In an interview with an Investigator, the Investigator reported receiving training through the staff development and the Virginia State SIU Agency, as well as annual PREA education. He reported that he has received specialized training on interviewing techniques, Miranda

warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiated a case for administrative or prosecution referral.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

STAFF ORIENTATION, Operating Procedure 102.6 (rev 2016): Requires medical and mental health care practitioners shall receive the training mandated for employees or for contractors and volunteers depending on the practitioner’s status in DOC.

TRAINING AND DEVELOPMENT, Operating Procedure 350.2 (rev 2015): Requires annual in-service training requires refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover all 10 areas as dictated by PREA standard 115.31. Training shall be tailored to the gender of the offenders at the employee’s facility. Employees will receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Security staff shall also receive training on the supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures. Non-Security Staff In-Service training, mandated for employees or contractors, is required for medical and mntal health care practitioners.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): Requires that all healthcare providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence.

HEALTH SERVICES ADMINISTRATION, Operating Procedure 701.1 (rev 2015): Requires that all full and part-time medical and mental health staff who work regulary in DOC facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment, How to preserve physical evidence of sexual abuse, How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and How and to whom to report allegations or suspicious of sexual abuse and sexual harassment. Requires full-time health care professionals complete an annual 40-hour continuing education that includes: Response to emergency health-related situations within a 4-hour minute response time, Recognition of signs and symptoms, and knowledge of action required in potential emergency situations, Administration of basic first aid; Methods of obtaining assistance; signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal, and Procedures for patient transfers to appropriate medical facilies to health care providers.

The facility provided completed certificates for medical and mental health staff specialized training, as well as annual in-service training. Interviews with both medical and mental health staff found that both reported receiving specialized training, as well as in-service training. Specialized training included detecting and assessing for signs of sexual abuse and sexual harassment, preservation of evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicious of sexual abuse or sexual harassment. Both reported that any information should be reported to the Investigator and the Warden.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that all offenders upon transfer from one DOC facility to another shall receive an assessment for their risk of being sexually abused or sexually abusive within 72 hours. Requires the screening to be completed by a counselor or other non-clerical facility staff. Requires interviews, evaluations, and other available offender records when completing the Classification Assessment in VACORIS. Requires that the sensitive information only be disseminated in accordance with policy. Prohibits disciplinary action towards an inmate who refuses to answer or disclose complete information when responding to the Classification Assessment. Requires that the facility reassess the offender’s risk of victimization or abusiveness within 21 days utilizing the PREA Reassessment form, and this shall be scanned and uploaded as an external document to VACORIS.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires all offenders upon intake at Reception and Classification Centers shall receive a mental health screening by a health-trained staff or qualified health care personnel. Requires that transfers into DOC institutions shall receive a mental health appraisal by a qualified mental Health Professional within 14 days, and includes a review of sexual abuse victimization and predatory behavior. Requires an inmates risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that staff must document their perception of whether or not an offender appears to be gender nonconforming.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires staff document their perception of whether or not an offender appears to be gender nonconforming.

In an interview with the staff who conducts the risk screening, it was reported that all screening is conducted on the day the offender arrives. A review of any prior information in the agency computer system is also reviewed. The screening that is conducted includes any disabilities, age, physical build, current and previous incarcerations, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Additionally, inmates are asked about their perception of vulnerability. The auditor conducted a review of the database of the offenders that were selected for interview to ensure that the screening is conducted as required by policy. This review showed that some offenders receive a screening within 24 hours of arrival. Some of the offenders had been at this facility for quite a few years, and a screening was conducted on these offenders as well during 2014 and 2015. For others there was no screening conducted within the required timeframe. Upon discussion with the facility, the facility would implement the screening within the appropriate time frame for newly admitted offenders beginning April 17, 2017 and provide to the auditor. The facility received 7 offenders during between April 17, 2017 and May 12, 2017 and the screenings were provided to the auditor. All met the requirements of the standard. In a memo from the prior Agency PREA Coordinator, dated April 30, 2015, requires that risk screeners must document their own perception of gender non-conforming in the database as a part of the total risk screening. A review of the database found that this information is present.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and the facility follow-up, the auditor has determine the facility meets the requirements of the standard.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall use information from the Classification Assessment to make housing, bed, work, education, and program assignments with the goal to keep separate those at high risk of being sexually victimized from those at high risk of being sexually abusive. Requires individual determination about how to ensure the safety of each offender. Requires that the Gender Dysphoria Committee will make individual recommendations for services and programming for transgender or intersex inmates. Requires placement and programming to be reviewed for all transgender or intersex offenders twice a year (January & July) and this review includes a face-to-face meeting with the offender to discuss the offender’s concerns or fears for their own safety. This review shall be documented in VACORIS. Prohibits the placement of LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires six month follow-up reassessments for offenders determined by the Classification Assessment as High Risk for Sexual Aggression (HRSA) and as High Risk for Sexual Victimization (HRSV). Requires that the Qualified Mental Health Professional will provide relevant results of the screening to the classification office for determination of housing and programming services.

OFFENDER WORK PROGRAMS, Operating Procedure 841.2 (rev 2014): Requires the institution Work Program Assignment Reviewer (Work PAR) to review the Classification Assessment prior to determining work assignments.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires institutional staff to utilize the Classification Assessment to determine housing and bed assignments. Requires that housing and bed assignments for transgender or intersex offender shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offenders health and safety and whether the placement would present management or security problems. Requires a six month reassessment of the Classification Assessment for all transgender and intersex offenders. Prohibits the placement of LGBTI offenders in dedicated housing units or wings solely on the basis of such identification or status.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that the information from the Classification Assessment be utilized to make housing, bed, work, education and program assignments. Requires a six-month review of the Classification Assessment for transgender and intersex offenders.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that information from the Classification Assessment is used to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those offender at high risk of being sexually victimized from those at high risk of being sexually abusive. Requires a six-month follow up alert be placed in VACORIS for transgender or intersex offenders. Requires staff document their perception of whether or not an offender appears to be gender nonconforming.

TRANSFERS, FACILITY REASSIGNMENT, Operating Procedure 830.5 (rev 2014): Requires the facility make an individualized determination about how to ensure the safety of each offender when assigning an offender to the Protective Custody Unit. Requires a case-by-case assessment when placing a transgender or intersex offender to the Protective Custody Unit. Requires the offenders own views with respect to their own safety shall be given serious consideration.

In an interview with the staff who conducts re-screening, a reassessment is conducted 14-21 days after an offender arrival and this is documented in the agency computer system. The form is also uploaded into the system. A review of the agency computer system found that reassessments were conducted when new information was presented as required by policy for those who had arrived within the last 3 years. Information from this screening is shared with classification in order to ensure that housing and programming assignments ensure the safety of all offenders.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.43 Protective custody

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

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TRANSFERS, FACILITY REASSIGNMENT, Operating Procedure 830.5 (rev 2014): Requires that offenders identified as high risk of sexual victimization or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. Placement in segregation must clearly document on the Institutional Classification Authority Hearing report the basis for the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Requires that involuntary assignment to segregation shall only be long enough for alternative means of separation from likely abusers can be arranged, but no longer than 30 days. Requires the Regional PREA Analyst be notified of this assignment and kept informed of any changes in the offender's status.

OFFENDER RECEPTION AND CLASSIFICATION, Operating Procedure 810.1 (rev 201): Requires that offenders identified as high risk for sexual victimization shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Requires an assessment within 24 hours, if not immediately able to be completed. Requires the documentation to include the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

MANAGEMENT OF CELL AND BED ASSIGNMENT, Operating Procedure 425.4 (rev 2016): Requires that offenders identified as high risk of sexual victimization or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers. Placement in segregation must clearly document on the Institutional Classification Authority Hearing report the basis for the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Requires that involuntary assignment to segregation shall only be long enough for alternative means of separation from likely abusers can be arranged, but no longer than 30 days. Requires that offenders placed in segregation shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. Restrictions of programs, privileges, education and work opportunity the duration of the limitation and the reasons for the limitation.

TRANSFERRED OFFENDER RECEIVING AND ORIENTATION, Operating Procedures 810.2 (Ref 2016): Requires that offenders identified as high risk for sexual victimization shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and it has been determined by the Qualified Mental Health Professional, in consultation with the Shift Commander and Regional PREA Analyst, that there is no available alternative means of separation from likely abusers. Requires an assessment within 24 hours, if not immediately able to be completed. Requires the documentation to include the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

In an interview with the Warden, she reiterated that no offender is placed in restricted housing in order to separate from likely abusers unless requested by the offender. This facility does not have restricted housing.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer. Requires that offenders may report abuse to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline #55, or in writing using the Offender request or Informal Complaint. Requires that staff must accept reports made verbally, in writing, anonymously, and from their parties. Requires an offender method of reporting must include reporting to an outside public or private entity or office that is not part of the agency and is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Requires that the agency provide a way for staff to privately report sexual abuse and sexual harassment of offenders.

OFFENDER GRIEVANCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires that staff shall accept any report of sexual abuse or sexual harassment made through the Informal Compliant system or the Formal Grievance system and immediately notify the Facility Unit Head, PREA Compliance Manager and the Regional PREA Analyst.

REPORTING SERIOUS OR UNUSUAL INCIDENTS, Operating Procedures 038.1 (rev 2015): Requires that staff shall accept reports made verbally, in writing, anonymously, and from their parties and shall promptly document verbal reports as an Internal Incident Report with PREA checked in the description field.

OFFENDER SERVICES, Operating Procedure 801.6 (rev 2015): Requires orientation on reporting sexual abuse or sexual harassment through the Offender Request.

OFFENDER TELEPHONE SERVICE, Operating Procedure 803.3 (rev 2016): Requires that phones shall have the ability to dial the PREA/Sexual Abuse Hotline at #55.

The facility provides multiple ways for inmates to report sexual abuse and sexual harassment, as well as retaliation for reporting sexual abuse and any staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are informed upon intake that they can dial #55 – a direct line to reporting abuse or requesting emotional support following an incident of sexual abuse or sexual harassment, which does not require an offenders personal identification number when calling. This line goes directly to Virginia DOC. Offenders are also advised that they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment. Externally, offenders can contact Action Alliance through the use of the #55, option 2, who has entered into a Memorandum of Understanding with Virginia DOC. This MOU provides that Action Alliance will receive calls alleging sexual abuse and sexual harassment and forward this information to the Agency PREA Coordinator. Information regarding reporting through Action Alliance is provided to offenders upon intake.

Staff and a contractor interview confirmed that they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from their parties and report to the Warden and Investigator. Staff are also provided information for reporting in a confidential manner through a separate phone number that is outside of the facility. The mail room staff was interviewed and reported that while offender mail may be opened, legal mail is not opened at any time.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility exceeds the standards, as such the facility offers direct reporting through staff and a dedicated phone line for reporting sexual abuse that allows an inmate to remain anonymous.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that there is no time limit for an offender to submit a grievance regarding an allegation of sexual abuse. Allows for third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders. Requires that if an offender declines to have the request process, the agency will document the offenders' decision.

OFFENDER GRIEVANCE PROCEDURE, Operating Procedure 866.1 (rev 2016): Requires each facility to have a Grievance Coordinator. Requires that the facility will respond within 20 days to grievances alleging sexual abuse, with written continuances of 30 days. Requires all grievances alleging sexual abuse must not exceed 70 days. Requires that the expiration of a time frame (to include any authorized continuances) at any stage of the process shall be considered a denial and shall qualify the grievance for appeal to the next level of review. Requires Emergency Grievances alleging imminent sexual abuse requires automatic forwarding to the Administrative Duty Officer or Shift commander who must respond within 8 hours. Both the initial response and final agency decision shall document the institution's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the Emergency Grievance. Requires that offenders may submit an allegation of sexual abuse through a grievance without first submitting to the staff member who is the subject of the complaint, is not referred to the staff member who is the subject of the complaint, and will not be the respondent of a grievance. Prohibits charges against an offender for filing a grievance related to sexual abuse only where the institution demonstrates that the offender filed the grievance in bad faith. Requires that an offender is not required to utilize the Information Complaint before submitting a formal grievance.

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): Reaffirms that reports of sexual abuse and offender grievance made in good faith do not fall under the offender discipline system, even if the outcome of an investigation is not substantiated.

In an interview with the staff who processes grievances, any grievance that alleges sexual abuse or sexual harassment is immediately forwarded to the PREA Compliance Manager or the Investigator. At that point, the grievance is closed out and the allegation is followed through the investigatory process. Policies do not require that an informal process be used first nor is the grievance referred to the staff member who is the subject of the complaint. Policies do reference the appeal process. While there have been 0 grievances filed alleging sexual abuse or sexual harassment in the past year, the grievance staff reports only having seen one during their time in this position.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that facilities provide to offenders outside confidential support services and that the facility provide reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. Requires the facility to inform offenders prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Requires that each facility maintains an Memorandum of Understanding with a Action Alliance provider who is able to provide offenders with access to confidential emotional support services related to sexual abuse.

Inmates are able to request confidential support services through their counselor or through Action Alliance, a community service provider under an MOU to provide such services. Inmate interviews found that they did not have an understanding of the services that Action Alliance was able to provide. During a discussion with the Warden, the facility will not ensure this information is provided to offenders at

intake and had also provided all standing offenders with the information regarding how to contact, what services are available, and to what extent the information shared is considered confidential. This information was provided to the auditor. Additionally, the facility provided training to all mental health staff for referral purposes as needed or identified.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, and facility follow-up, the auditor has determine the facility meets the requirements of the standard.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the Department of Corrections to provide contact information on how to report sexual abuse and sexual harassment on behalf of an offender on its’ website.

Interviews with staff and the investigator confirmed that they are to receive allegations of sexual abuse or sexual harassment from third party reporters. The Agency website provides information for third party reporters and was viewed by the auditor. The facility also provides the Visitor/Offender Brochure that includes provides the agency website.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all employees, volunteers, and contractors shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires that information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. Requires that if an offender is under the age of 18, aged, incapacitated, or offenders who are receiving services from a Department of Corrections Licensed Mental Health Program, the Organizational Unit Head or Administrative Duty Officer in their absence, is required to immediately report any alleged abuse to the local Department of Social Services.

OFFENDER SERVICES, Operating Procedure 801.6 (2015): Requires information to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Procedure 720.7 (rev 2016): requires that at the initiation of services, both medical and mental health practitioners are required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality.

MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE, Operating Procedure 720.2 (rev 2015): Requires that all offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a screening, appraisal, or examination.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that the Qualified Mental Health Professional notify the Facility Unit Head of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Requires that at the initiation of services, before beginning the Sexual Assault Assessment, the Qualified Mental Health Professional will advise the offender of the practitioner's duty to report and the limitations of confidentiality.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that all allegations of sexual abuse and sexual harassment, regardless of how the information is received, is to be reported to the facility designated investigator who will conduct an initial investigation and immediately notify the Regional PREA Analyst of the allegation.

The Agency requires all persons who are employed, contracted, or who volunteer at the facility to report any information, suspicion, or knowledge of sexual abuse or sexual harassment, as well as any retaliations towards a person who has reported sexual abuse or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed confirmed that they are required to report and have received this training annually during in-service. Policy prohibits the sharing of information to anyone who is not a part of the investigation or reporting process. Interviews with medical and mental health staff confirmed that they are required to report any knowledge, suspicion or information of sexual abuse or sexual harassment. Medical and mental health staff confirm that they are required to obtain consent before reporting any sexual abuse that occurred in the community, and provide their duty to report and limitations of confidentiality upon the initiation of services. The Warden and PREA Compliance Manager confirmed that all reports of alleged sexual abuse or sexual harassment, regardless of where the information came from, is reported to the Investigator.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the facility shall take immediate action if staff learn that an offender is at risk of imminent sexual abuse.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional who will consult with the Warden or designee to recommend immediate action to protect the offender.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that offenders who are at risk of imminent sexual abuse will be referred to a Qualified Mental Health Professional who will consult with the Warden or designee to recommend housing recommendations to protect the offender.

Interviews with staff indicated that they are required to immediately separate an offender who is believed to be at risk of imminent sexual abuse and to contact their supervisor. Per Warden memo, dated February 1, 2017, there were no instances where an offender was identified at risk of sexual abuse in the past 12 months.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that any allegations received from another facility that an offender was sexually abused while confined at that facility, it shall be investigated in accordance with PREA standards.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that an allegation made whereby an offender was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made within 72 hours, and shall be documented. Requires that any receipt of an allegation of sexual abuse from another facility that occurred while confined in that facility shall ensure an investigation is completed.

In the interview with the Agency head, the Special Investigations Unit (SIU) would be notified by both the facility receiving the allegation and the facility where the allegation took place as per policy. The SIU would respond to the facility where the offender is located to conduct an interview. This system would ensure that all allegations are reported.

The facility reported on allegations were received by another facility, nor were any reported by an offender that occurred in another facility.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires the first responding staff is to separate the offender, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and secure the crime scene. A first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

A review of the training material finds that all staff receive information on responding to an allegation of sexual abuse by separating the victim from all others, protecting any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), protecting any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), and securing the crime scene. Interviews with staff found that they were able to articulate the steps required if they become aware of a sexual abuse. An interview with a contractor confirmed their knowledge and actions following notification of a sexual abuse.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that each facility shall have a Coordinated Response Plan.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires the use of the Sexual Assault Response Checklist to guide initial coordinated response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

PREA Coordinated Response Plan was reviewed. It includes steps for the First Responder, Supervisor, Evidence Collection, Medical, Mental Health, Investigator and PREA Compliance Manager. The Sexual Assault Response Checklist was provided to the auditor and this form documents initial information related to the response of an incident of sexual abuse.

The Warden reports that the PREA Compliance Manager ensures compliance with the Plan and the Warden and PREA Analyst provide assistance to the PREA Compliance Manager. The Plan addresses all components of the standard.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provided a memo, dated April 22, 2013, which states “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 agency 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 on the information, the auditor has determined that this standard is Not Applicable.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other offenders and staff. Requires protections such as housing changes or transfers for offenders victims or abusers, removal of the alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation are available. Requires monitoring for a minimum of 90 days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires protections from retaliation for offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations.

CRITICAL INCIDENT PEER SUPPORT TEAM, Operating Procedure 145.5 (rev 2017): Requires that members of the CIPS Team must be willing to respond to the emotional support needs for staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment.

The staff who conducts retaliation monitoring is the Investigator, and he maintains a Follow-up Log that documents the name of the individual, results of the outcome of the investigation, and dated notes regarding the periodic status checks. The log shows follow-up for 90 days for the four investigations reviewed, unless withdrawn. He reports that shift transfers and facility transfers may be used for staff, and facility transfers, unit transfers, or bed reassignments would be used for offenders. He would also refer to Mental Health staff for additional services if warranted. He reports that he immediately responds when advised by the investigator and would continue for a minimum of 90 days with periodic status checks. As a part of the status checks, he reviews any disciplinary reports, behavioral changes, work ethics, attitude, and requests for time off or shift changes.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires all offenders identified as HRSV or an alleged victim of sexual abuse shall be checked to determine the need for continued separation from the general population. Requires that HRSV or offenders alleged to have suffered sexual abuse shall not be placed in Special Housing without their consent unless as assessment of all available alternatives has been made, and a determination by the QMHP and Shift Commander must agree. Requires that the Regional PREA Analyst must be notified. Requires an assessment must be completed immediately, but no later than 24 hours. Requires a documented basis for the use of Special Housing and the reason no alternative is available.

TRANSFERS, FACILITY, REASSIGNMENTS, Operating Procedure 830.5 (rev 2014): Requires that offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation without their consent unless it has been determined that there is no available alternative means of separation from likely abusers.

Warden's Memo, dated February 1, 2017, states no offender has been placed in Special Housing as a result of being identified as HRSV or an alleged victim of sexual abuse.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SPECIAL INVESTIGATIONS UNIT, Operating Policy 030.4 (rev 2015): Requires that all investigations shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews. Requires that credibility of any person shall be assessed on an individual basis. Prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires substantiated allegations of criminal conduct be referred for prosecution. Requires that an investigation not stop should be alleged abuser or victim depart from the employment or control of the facility or agency.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires an administrative or criminal investigation be conducted in accordance with PREA standards. Requires the facility shall cooperate with SIU and shall remain informed as to the progress of the investigation. Requires the report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Requires all documentation be retained for five years after the alleged perpetrators release or employment ends.

Warden's Memo, dated February 1, 2017, states no allegations of sexual abuse or sexual harassment were received in the past 12 months that were referred to SIU due to a founded outcome.

The investigator who was interviewed reported that an investigation begins immediately upon notification. Initial response by the investigator includes reviewing the method reported, interviewing the victim, ensure medical and mental health care is provided, gathering evidence, notifying the hospital, and making arrangements for a victim advocate if requested. He reports that evidence that may be collected include electronic video footage, clothing, medical records, witness statements, victim statement, alleged perpetrator statement, PERK (physical evidence recovery kit) results, and prior complaints. He reports that the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Referral to the SIU would follow any finding of a criminal nature or if staff is identified as the alleged perpetrator. He reports that the investigation does not end if the alleged perpetrator is released or terminates employment, or if the victim leaves the facility prior to completion of the investigation. When the case is referred to SIU, his role becomes a support staff to SIU.

Four investigations were reviewed. Only one alleged sexual abuse, and while the inmate withdrew the allegation, the facility investigated the incident and determined it to be unfounded.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): States that "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): States that "A preponderance of the evidence will be adequate in PREA Audit Report

determining whether allegations of sexual abuse or sexual harassment are substantiated.”

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): States that a preponderance of evidence presented at a hearing shall be sufficient to support a finding of guilt.

During the interview with the Investigator, he reported that a preponderance of the evidence is used to determine the outcome of allegations of sexual abuse and sexual harassment. The files reviewed concurred with the use of a preponderance of evidence. Per a Warden memo, dated February 1, 2017, Deerfield Correctional Center does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SPECIAL INVESTIGATIONS UNIT, Operating Procedure 030.4 (rev 2015): Requires that the SUI will informed the Facility Unit Head of the outcome of an allegation and that the Facility Unit Head is to ensure notification is made to the offender.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that following an investigation, the offender will be informed as the outcome of the investigation. If the allegation was against a staff, the victim is to be notified of the outcome, whether the staff is no longer posted in the offender’s unit or is employed at the facility, and whether the staff has been either indicted or convicted on a charge relate to sexual abuse within the facility. If the allegation was against another offender, the victim is to be notified of the outcome and whether the offender has been indicted or convicted on a charge related to sexual abuse in the facility,

The facility maintains a logbook with all offender notifications and this includes the outcome and the offender’s initials, as well as the date of the notification. There was one allegation of sexual abuse at this facility in the past 12 months where the victim was required to be notified of the outcome. Staff interviews confirm that offender are notified of the outcome of an investigation. Notification was verified through the logbook. The offender who was selected for interview refused to discuss his case with this auditor.

Based on the information discovered in the agency policies, observations, and information obtained through staff and inmate interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires that any sexual misconduct be treated as a Group III offense subject to disciplinary sanctions up to and including termination. Requires that termination be the presumptive disciplinary sanctions for employees who have engaged in sexual abuse. Requires that all terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff, shall be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal.

STANDARDS OF CONDUCT, Operating Procedure 135.1 (rev 2016): Requires that staff who are terminated or who resign in lieu of termination for a violation of the sexual abuse or sexual harassment policies shall be informed of the DOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation the DOC sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Requires that violations of the DOC policies relating to sexual misconduct 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.

The facility reported no staff have violated the agency sexual abuse or sexual harassment policies in the past 12 months. This was confirmed with the Agency PREA Coordinator and the Regional PREA Analyst. A memo from the Warden, dated February 1, 2017, confirms that there were no instances where a staff member was disciplined for violating the agency sexual abuse or sexual harassment policies.

Based on the information discovered in the agency policies and observations, the auditor has determine the facility meets the requirements of the standard.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VOLUNTEER PROGRAM, Operating Procedure 027.1 (rev 2015): States that grounds for dismissal may be as a result of failure to comply with DOC procedures, state or federal laws, or unit rules. Requires that any volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to licensing bodies. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer.

RULES OF CONDUCT GOVERNING EMPLOYEES RELATIONSHIPS WITH OFFENDERS, Operating Procedure 135.2 (rev 2013): Requires that any contractor or volunteer who engages in sexual abuse of offenders shall be prohibited from contact with offenders and shall be reported to any relevance licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

A memo from the Warden, dated February 1, 2017, reports that there were instances of reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment agency policies and procedures. This was confirmed with the Regional PREA Analyst. An interview with the Warden confirmed that any contractor or volunteer who is alleged to have violated the sexual abuse or sexual harassment policies would be required to leave the facility pending the outcome of the investigation. The Agency PREA Coordinator would also be notified.

Based on the information discovered in the agency policies, observations, and information obtained through staff interviews, the auditor has

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determine the facility meets the requirements of the standard.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OFFENDER DISCIPLINE, INSTITUTIONS, Operating Procedure 861.1 (rev2016): Requires a finding of guilt will only be based on the preponderance of the evidence presented at the Discipline Hearing. Requires that offenders who violate offense 106 (sexual assault upon or making forcible sexual advances toward an offender or non-offender) shall be referred to their counselor for reassessment of the offender's risk of sexual victimization and abusiveness. Requires that offenders charged with offense 121 (False statements or charges against an employee) shall be handed with utmost caution and fairness to avoid hindering the offenders' right to file complaints against employees, and prior to a finding of guilt an impartial third party will deter if there are any facts that could substantiated the statement or charge. Requires that reports of sexual abuse and offender grievance made in good faith shall not constitute falsely reporting an incident or lying, even if there is not enough evidence to substantiate the allegation. Requires that penalties for offenses 106 and 121 consideration shall be given to the nature and circumstance of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories. Requires that offenders charged with offense 206 (Lying or giving false information to an employee) excludes disciplinary action if the report was made in good faith and that such a report shall not constitute falsely reporting even if the evidence does not substantiated the allegation. Requires that offenders charged with offense 233 (making sexual advances, either physical, verbal in nature, or in writing towards an offender or non-offender without their consent) shall be offered therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior if the facility has these services available.

GOOD TIME AWARDS, Operating Procedure 830.3 (rev2015): Requires that offenders identified as HRSA that does not comply with therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for the abuse shall be charged with an offense under 200.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that an offender may be charge with a disciplinary offense if it is determine a report of offender-on-offender sexual violence or employee sexual misconduct or harassment is found to be false. Requires that offenders shall not be charged for reports of sexual abuse made in good faith.

A memo form the Warden, dated February 1, 2017, states that there have been no disciplinary actions taken towards an offender for reporting offender-on-offender sexual violence or employee sexual misconduct or harassment. The files reviewed did not indicate that any offender was disciplined for reporting offender-on-offender sexual violence or employee sexual misconduct or harassment. During the interview, the Warden reported that they would follow policy if this should arise.

Based on the information discovered in the agency policies, observations, and information obtained through file reviews and staff interviews, the auditor has determine the facility meets the requirements of the standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires that within 14 days of completion of the Classification Assessment, the QMHP will notify offenders identified as HRSA or HRSV of the availability for follow-up referrals with a mental health practitioner and any available treatment or programming. Requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, for the purposes of treatment plans, security and management decisions. Requires that medical and mental health staff obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18.

MANAGEMENT OF BED AND CELL ASSIGNMENTS, Operating Procedure 425.4 (rev 2016): Requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners, and other staff as necessary, for the purposes of treatment plans, security and management decisions.

HEALTH RECORDS, Operating Procedure 701.3 (rev 2016): Requires that medical and mental health staff obtain informed consent from offenders before reporting information about sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18.

Interviews with medical and mental health staff confirmed the referral for follow-up referrals with mental health practitioners within 14 days for offenders who report sexual victimization or are identified as being sexually abusive. Medical and mental health staff are aware of the requirement for informed consent before reporting information about a sexual victimization that did not occur in an institutional setting, unless the victim is under the age of 18. The Warden confirmed that persons under the age of 18 are not housed at this facility. The staff who conducts the risk assessment is aware of the requirement to refer offenders identified as HRSV or HRSA to a mental health practitioner for further treatment or programming. Documentation of follow-up meetings were reviewed. The facility provided the PREA QMHP form to show follow-up referrals.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determined the facility meets the requirements of the standard.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Policy 720.7 (rev 2016): Requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires the timely, and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse.

EMERGENCY OPERATION PLAN, Operating Procedure 075.1 (6/16): Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that if not qualified medical and mental health practitioners are on duty at the time of the report, the first responders shall take immediately steps to protect the victim and shall notify the appropriate medical or mental health practitioner.

CO-PAYMENT FOR HEALTH CARE SERVICES, Operating Procedure 720.4 (2016): Requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

Interviews with medical and mental health staff confirm that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical confirmed that services begin immediately upon notification and carry through any hospital orders, or medical practitioner follow-up care. The Virginia Commonwealth University Health Services (VCUHS) provides SANE services for this facility and has a SANE on staff. Mental health services begin when the victim is available and after medical care is first provided. The offender interviewed did not wish to provide further information. The investigative file reviewed indicates that the offender was seen by medical following the allegation and shortly thereafter was seen by a QMHP, who he refused to talk with. A memo from the Warden, dated February 1, 2017, states that offenders who alleged being victims of sexual abuse were offered both medical and mental health services immediately.

Medical and mental health staff did not appear to be aware of the availability of victim advocates. During the de-briefing of the audit, the facility made an effort to ensure that all staff have knowledge of victim advocates and how to access in the event services were requested by a victim. Proof of the training and signed rosters were provided to the auditor.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CO-PAYMENT FOR HEALTH CARE SERVICES, Operating Procedure 720.4 (2016): Requires that offenders are not to be assessed a co-payment charge for emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with the any investigation arising out of the incident.

EMERGENCY MEDICAL EQUIPMENT AND CARE, Operating Policy 720.7 (rev 2016): Requires ongoing medical and mental health care for sexual abuse victims and abusers, including both evaluations and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the community level of care. Requires pregnancy tests, as necessary, and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

MENTAL HEALTH SERVICES: SCREENING, ASSESSMENT, AND CLASSIFICATION, Operating Procedure 730.2 (rev 2015): Requires ongoing medical and mental health care for sexual abuse victims and abusers. Requires medical and mental health evaluation and treatment. Requires, as appropriate, follow-up services, treatment plans and referrals. Requires services to be consistent with the

community level of care. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with medical and mental health staff indicate that victims are offered a Sexual Assault Assessment, individual and group treatment, treatment plans, referral to the Psychiatrist, medications as ordered by the physician, and laboratory testing for STD and HIV. The mental health staff reported that mental health evaluations of all known inmate-on-inmate abusers are offered treatment services within 14 days. A memo from the Warden, dated February 1, 2017, states that offenders who alleged being victims of sexual abuse were offered both medical and mental health services immediately. The offender interviewed did not wish to provide further information. There are no female offenders in this facility. Mental health evaluations of all known inmate-on-inmate abusers are offered treatment services within 14 days.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

REPORTING SERIOUS OR UNUSUAL INCIDENTS, Operating Procedures 038.1 (rev 2015): Requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires an After Action Report/Improvement Plan may serve as the Review of the Incident in critical incidents. Requires a review team to consist of at least 2 DOC employees and one Administrative Duty Officer who solicits input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse incident reviews. Requires the review shall be completed and submitted within 7 working day of the initial Incident Report. Requires causal factors, methodology, review of all documents, interviews of participants/witnesses, examination of any physical evidence, examination of the area where the incident allegedly occurred, review of relevant operating procedures/training manuals/equipment operating manuals, and the development of an action plan to limit further incidents. Requires a brief summary of the incident, analysis of the causal factors and contributing circumstances, actions to prevent future incidents and submission to the Regional Office for review. Requires submission of the final report to the Regional PREA Analyst.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires submission to the Regional PREA Analyst within 14 days of the completion of the investigation or notification to the Regional PREA Analyst requesting an extension.

Once sexual abuse investigation report was found that was unsubstantiated. The file contained an Incident Review. An Incident Review was completed and the report shows that a review of causal factors including motivation, policy/procedure review, staffing levels, electronic video, and a review of the area where the incident occurred were documented. In an interview with the Warden, she confirmed that the review team includes the Warden, Assistant Warden, PREA Compliance Manager, mental health staff and medical staff. The team reviews the incident, looks for ways to prevent future incidents, looks at the physical area, addresses any policy or staffing changes, and addresses if the incident could have been prevented. She reports that this is an opportunity to learn and grow from each incident.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Requires annual aggregate of the sexual abuse data. Requires the collection of necessary data to respond to the DOJ – Survey of Sexual Violence. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders. Requires the data be provided to the DOJ no later than June 30 of each year.

The auditor was provided with the 2014 and 2015 DOJ SSV-2 forms. The auditor was provided with the 2014, 2015, and 2016 annual reports.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires the DOC to collect and review data 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 on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Requires the report to include comparison data and corrective actions from prior years. Requires the report is approved by the Director and made public. Allows the redaction of specific material and an indication of the material redacted.

The auditor was provided the 2014, 2015, and 2016 annual reports. The reports reflect comparison data and corrective actions specific to each facility as well as to the agency. The report was approved by both the Agency PREA Coordinator and the Agency Head.

Interview with the Agency Head found that the agency utilizes Incident Report, Critical Incident Debriefing and an After Action Report to assist with identifying the lessons learned and to obtain information on facility specific corrective action. The Agency PREA Coordinator reports that information is gathered and submitted to the public through an annual report that is available on the website, and includes comparison data and any facility modifications or agency policy changes. She also reports that the information is security retained and ongoing corrective action is tracked. The PREA Compliance Manager reports that all information collected from Incident Review is forwarded to the Regional PREA Analyst.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the standard.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PRISON RAPE ELIMINATION ACT (PREA), Operating Procedure 038.3 (rev 2016): Requires that the DOC shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Requires that before making the report public, the DOC shall remove all personal identifies. Requires the DOC to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

The auditor was provided the 2014, 2015, and 2016 annual reports for review.

In an interview with the Agency PREA Coordinator, it was reported that all information is securely maintained in a database where only the PREA unit has access. A review of the 2016 report finds that there is no personal identifiers within the report.

Based on the information discovered in the agency policies, observations, documents, and information obtained through staff interviews, the auditor has determine the facility meets the requirements of the 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

June 4, 2017

Auditor Signature

Date