

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:		Greensville Correctional Center	
Physical address:		901 Corrections Way, Jarratt, VA 23870	
Date report submitted:		8/19/14	
Auditor Information		Diane Lee – The Nakamoto Group	
Address:		11820 Parklawn Drive, Suite 240 Rockville, MD 20852	
Email:		Diane.lee@nakamotogroup.com	
Telephone number:		301-468-6535	
Date of facility visit:		July 29-August 1, 2014	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		434-602-3401	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Jimmy Everette	Title: Admin Staff Specialist Senior
Email address: jimmy.everette@vadoc.virginia.gov		Telephone number:	434-602-3404
Agency Information			
Name of agency:		Virginia Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>		Commonwealth of Virginia	
Physical address:		6900 Atmore Drive, Richmond, VA 23261	
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:	Elisabeth Thornton	Title:	PREA Coordinator
Email address:	Elisabeth.Thornton@vadoc.virginia.gov	Telephone number:	804-887-8085

AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Greensville Correctional Center was conducted on July 29-August 1, 2014 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. Before the audit, the auditor interviewed the Agency Director, Harold Clarke, and the state PREA Coordinator, Elizabeth Thornton, at the Virginia Department of Corrections headquarters in Richmond, Virginia. Bill Kowgios, Executive Vice President & CFO Nakamoto Group, Inc. assisted with the staff and inmate interviews on Thursday August 31, 2014 at the facility. During the audit, the auditor and Bill Kowgios toured the facilities and conducted formal staff and inmate interviews. Bill Kowgios and the auditor interviewed 26 inmates (20 were random inmates from all of the housing units). Two of the inmates are self-identified trans-genders, one reported an alternative lifestyle, one had sent a letter prior to the PREA audit, three of the inmates had reported sexual harassment and two requested to be interviewed during or after the initial tour. There were no inmates who are disabled or limited English proficient.

In addition, the auditor and Bill Kowgios questioned 30 staff (15 specialized staff and 15 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Random Correctional Officers were selected from each facility and each shift. Specialized staff interviewed included the Lead Senior Warden, Eddie Pearson; Senior Warden David Boehm; Senior Warden Marie Yargo; PREA compliance manager, Jimmy Everette; Training Captain, Curtis Poch; Senior Human Resource Officer, Joyce Johnson; Health Services Administrator/Contract Staff, Stacy Taylor; LPN at Work Camp/Contract Staff, Jacqueline Moody; Director of Mental Health/ Contract Staff, Ross Hill; Psychology Supervisor, Dr. Robert Fisher; Investigator Angie Turner; Intel Officer Rosa Parker; Psychology Associate/ Sex Offender Program, Marissa Coon; Institution Program Manager, Tameka Woodley; and Volunteer for Disciple Bible Outreach, Miss Bice.

An entrance meeting was held with the following persons in attendance: Senior Warden David Boehm; Senior Warden Marie Yargo; PREA compliance manager, Jimmy Everette; EBP Manager, Monica Robinson; Unit Manager HU2, Timothy Green; Colonel William Jarratt; Major Emmett Taylor; Major Russell Kueling; Administrative Procedural Specialist, Robin Ramsey; Assistant Warden Work Center, Valerie Washington; Assistant Warden Security, Donald Wilmouth; Major Darrell Walker; Unit Manager HU5, Louise Goode; Human Resource

Officer, Joyce Johnson; Unit Manager HU3, Cynthia Smith; Lawanda Long, Eastern Regional PREA Analyst, Rose Durbin, Central Regional PREA Analyst and Agency PREA Coordinator Elizabeth Thornton.

On the first day of the audit, there were 2,915 male inmates at the main unit and 272 male inmates at the work camp. Following the entrance meeting, I toured the facility from 8:30 a.m. to 5:00 P.M. on the first day and from 8:00 a.m. to 11:00 a.m. on the second day. In the last calendar year, there were forty-two (42) sexual assault/harassment allegation cases. Of the eighteen (18) sexual abuse allegations; five (5) were unsubstantiated, one (1) was substantiated and twelve (12) were unfounded. Of the twenty-four (24) sexual harassment allegations; five (5) were unsubstantiated, one (1) was substantiated and eighteen (18) were found to be unfounded.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Greensville Correctional Center (GCC) is a prison facility located in unincorporated Greensville County, Virginia, near Jarratt. The prison, on a 1,125-acre plot of land, is operated by the Virginia Department of Corrections. GCC was built to replace the Virginia State Penitentiary and opened as a maximum security facility. It is the largest correctional institution in the Commonwealth of Virginia. The Center opened in three phases. Each phase involved the construction of a cluster of three separate housing units and a support building with areas for visitation, dining, counseling, vocational and academic education, recreation, medical and industry. The first Phase opened on October 30, 1990. Initially, the center was classified as a maximum security facility. However, with the subsequent opening of other facilities intended for the most hardened violent criminals, the security classification at Greensville has been lowered to medium security. There is a double perimeter fence topped with razor wire as well as six 52-foot high guard towers to bolster perimeter security.

The facility consists of 4 pod-style buildings arranged in a semicircle in a 125-acre campus-like setting. Support building One houses offices, Virginia Correctional Enterprises (VCE) assembly woodshop, main kitchen, two dining halls, commissary, medical unit, libraries, chapel, visitation area and gymnasium. Support building Two houses support for the sex offender residential treatment program, the Residential Treatment Unit, Mental Health and the VCE finishing woodshop. Support building Three houses office, laundry and the second VCE assembly woodshop. General population offenders live in housing units 1-9. Each has a Manager responsible for all the operations of the building, assisted by a building Lieutenant, Sergeant, Counselors, Maintenance Supervisor, Office Secretary and Correctional Officers. Support building Four is the main administrative unit. Segregation offenders live in housing unit 10. The infirmary is housing unit 11 is a 46 bed hospital with a dental clinic, a Dialysis unit and an operating room. In 1995, a minimum-security work camp for low-risk inmates was constructed adjacent to the main complex. The minimum security unit consists of four dormitories and areas for offender dining, visitation, recreation, medical and programming as well as offices for staff. The work center returns offenders back to the community with the essential skills that teach them how not to be a threat to public safety. They house level I, II and II inside the main compound and Level I offenders at the Work Center. Greensville Correctional Center houses the execution chamber used to carry out capital punishment by the Commonwealth of Virginia.

The mission statement for Greensville Correctional Center read: Greensville Correctional Center will enhance the quality of life in the Commonwealth by improving public safety. We will accomplish this through reintegration of sentenced offenders in our custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with sound correctional principles, fiscal responsibility and constitutional standards.

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

SUMMARY OF AUDIT FINDINGS:

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

Number of standards exceeded:	5
Number of standards met:	34
Number of standards not met:	0
Not Applicable:	4

§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)

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have Regional PREA Compliance Analyst's to ensure they are meeting all the PREA standards. The facility PREA Compliance Manager reports to the Lead Warden.

§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)

Not Applicable -The agency has not contracted with other entities for the confinement of the inmates from Greenville Correctional Center .

§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)

Lead Warden Eddie Pearson ensures that he completes an annual review of the post audits and staffing plan. A new post audit was completed and regional review and approval was granted in May 2014. The challenge of ensuring that all posts are filled requires the facility to rely on overtime. They have adequate resources to meet their needs and effectively administer procedures and programs related to PREA standards compliance. They currently have 325 security cameras located in the facility. Two cells in Segregation cells have cameras in them. DVR's maintain recordings a minimum of 90 days. Additional cameras would be useful to put in the blind spots in each housing unit, as well as in laundry, stairways, kitchen and recreation yards. They have an extensive "wish list" that has been developed to try to secure additional cameras. Operating procedures 401.1, 401.2, and 401.3 support this standard. Documentation of unannounced rounds that cover all shifts was reviewed. Supervisory staff

records unannounced rounds in a locked log book at the entrance of each housing unit. Security staff also notates the rounds in the control room log book.

§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)

Not Applicable- Greenville Correctional Center does not house youthful inmates.

§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)

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s) by stating “female on unit”. This is also noted in the log book and has been added to the post orders. This was documented during interviews with staff and inmates, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, 350.2 and 160.2. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. The policy for conducting transgender or intersex searches 445.1 was amended on 8/21/14 and now meets the PREA standards.

§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)

Operating Procedure 038.3 meets all the requirements of this standard. The DOC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. They have a contract for interpreter services.

§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)

Based on interviews with HR all components of this standard are being met. Operating procedures to meet this standard include 170.1, 030.3, 260.1, 040.1, 057.1, 101.1, and 135.1. All employees/contractors have recently had their criminal background check completed again. A tracking system is in place to ensure they will be completed every five years.

§115.18 – Upgrades to Facilities and Technology

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)

Not Applicable – There have been no upgrades to facilities or technology in this report period.

§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)

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. A Nursing Evaluation Tool for Sexual Assault is used and medical determines if the inmate should be transported to Virginia Commonwealth University Medical Center in Richmond for SAFE/SANE exam. A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the inmates are allowed to make. The phone number is posted in each housing unit. There is also a list of VDOC volunteer advocates that are available to accompany the inmate to the hospital or other assistance if needed.

§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)

Operating Procedures 038.3 and 030.4 were reviewed during on-site inspection to verify the components are met. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. The Special Investigations Unit (SIU) picks up on criminal cases and advises facility investigator on administrative investigations. All investigations are internal to DOC. The Auditor reviewed several of the investigations that had been conducted.

§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)

Operating procedures 160.1 and 160.2 cover all training required by standard. Virginia DOC provides all employees a three hour class which includes a video. Staff also acknowledge in writing their understanding of PREA. The acknowledgement form lists all the required areas of the standard. A review of the lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training. Training Captain Curtis Porch does an excellent job ensuring that all training is received as required. I randomly reviewed 10 employee training records.

§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)

Reviewed contractor and volunteer sign-in sheets for training received.

§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)

Inmates receive information at time of intake through a PREA pamphlet and there is information in the inmate handbook (also available in Spanish). There are posters throughout the facility and the phone number to call to report is in each housing unit. A facility orientation including PREA information is delivered the day of arrival which consists of video and additional information which expands on the information provided in the pamphlet and handbook. The inmates sign an acknowledgement of having received the training. Operating procedures 038.3 and 810.2 cover the components required.

§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)

Institution Investigator Angie Turner and the Intelligence Officer Rosa Parker, as well as the Central Office Special Investigative Unit Investigators, have received specialized training at the Virginia State Police Academy developed by Moss Group for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet this 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)

The Health Services Administrator, and all medical and mental health staff has received specialized training on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Operating procedures that meet this standard include 160.1, 701.1 and 720.7.

§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)

Operating procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. All inmates are assessed at reception center during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. Upon arrival at the facilities, counselors conduct a screening within 72 hours of arrival by policy and check of records. Inmates identified as high risk for sexual victimization or risk of sexually abusing other inmates are referred to a qualified mental health professional for a reassessment within 30 days. They would be reassessed based on any new information that bears on the inmates' risk of sexual victimization or abusiveness. The new information would be added to the VDOC electronic system to determine appropriate housing assignments. The facility also conducts a regular PREA/Trans-Gender Committee to discuss any concerns of the trans-gender inmates.

§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)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program assignments are done on a case by case basis. They have verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate.

§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)

Agency policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that. There have been no inmates placed in this status. Operating procedures that meet this standard include 425.4, 810 and 830.5.

§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)

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook, on posters and through Operating Procedures 038.3, 801.6, 803.3. and 866.1.

§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)

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. The Emergency Grievance form was revised 7/1/13 to specifically address PREA issues. Three grievances were filed in last year that alleged sexual abuse.

§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)

A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. This auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services that the inmates are allowed to make. The number is posted in each housing unit.

§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)

This information is made available to inmates through posters and their handbook.

§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)

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, 801.6 and 030.4 include all the components of this standard. This was also verified through interviews with random staff.

§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)

If an inmate was at imminent risk of sexual victimization, they take immediate action to protect the victim. There have been no inmates placed in this status. Operating procedures that

meet this standard include 425.4, 038.3 and 730.2. This was also verified through interviews with random staff.

§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)

Operating procedures 038.3 and 030.4 include all the components of this standard. This was also verified through interviews with the Warden and PREA Coordinator. The facility has received three allegations that an inmate was abused while confined at another facility. The facilities were notified of the allegations within 72 hours. There have been three allegations of sexual abuse that GCC received from other facilities and they were all thoroughly investigated.

§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)

Operating procedures 038.3, 030.4 and 075.1 include all the components of this standard. This was also verified through interviews with random staff.

§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)

Operating procedures 038.3 and 075.1 address this standard. In addition, Warden Pearson has distributed a detailed Facility Implementation Written Plan for Responding to Sexual Abuse Allegations specific for GCC.

§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)

Not applicable; there is no collective bargaining in the Commonwealth of Virginia.

§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)

The facility PREA Plan states that the PREA Compliance Manager is charged with monitoring retaliation and at a minimum conducts checks with inmates who have been victimized or reported victimization every 30 days up to 90 days or longer if required to ensure no retaliation on the inmate has been instigated. This was verified through interviews with the Warden and PREA Compliance Manager. A tracking chart has been developed to monitor retaliation checks.

§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)

There have not been any inmates who required this type of placement in this report period. This is covered in Operating Procedure 425.4.

§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)

Operating Procedures 030.4 and 038.3 cover these components. The GCC Investigator conducts investigations within the facility. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC SIU to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. All Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively.

§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)

Operating Procedures 130.1, 135.1 and 861.1 cover these standard requirements.

§115.73 – Reporting to Inmate

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)

Operating procedures 038.3 and 030.4 address this standard. All inmates were notified of the results of the investigations.

§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)

Operating Procedures 130.1 and 135.1 include all the components of this standard. During this audit period no staff member was terminated for violating agency sexual abuse or sexual harassment policies. There was three staff who was disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

§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)

Operating Procedures 027.1 and 130.1 include all the components of this standard. No contractors/volunteers were reported to law enforcement for engaging in sexual abuse of inmates in this report period.

§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)

This is clearly stated in the inmate handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for inmates. There were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility during this audit period.

§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)

Operating Procedures 730.2, 425.4, and 701.3 cover all components. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed. All inmates who disclose prior sexual victimization are offered a follow-up meeting with a mental health practitioner within 14 days.

§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)

Operating procedures that address this standard are 720.7, 730.2, 038.3 and 075.1. There were no inmates identified as needing emergency medical and mental health services during this report period. Medical staff uses a Nursing Evaluation Tool for Sexual Assault that would indicate the steps to take for treatment.

§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)

Operating Procedures 720.7 and 730.2 cover all components.

§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)

Operating Procedures 038.3 and 038.1 include all the components of this standard. It was recommended that the Report of Incident Review committee include the Investigator (s) and that a copy of the report be kept in the investigative file. This has been implemented and verified to this auditor on 8/19/14. A system to document that the incident review was completed was developed and verified to this auditor on 8/19/14.

§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)

This is covered in Operating Procedure 038.3. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action.

§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)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VA DOC website.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This is covered in Operating Procedure 038.3 and 025.3. The 2013 Annual Report was reviewed.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

_____*Diane Lee*_____

_____August 23, 2014_____

Auditor Signature

Date