

# CPREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



<b>Name of facility:</b>				Harrisonburg Men's Diversion Center			
<b>Physical address:</b>				6624 Bear Woods Lane, Harrisonburg, VA 22801			
<b>Date report submitted:</b>				May 26, 2016			
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<b>Date of facility visit:</b>				April 5 – 6, 2016			
<b>Facility Information</b>							
<b>Facility mailing address:</b> <i>(if different from above)</i>							
<b>Telephone number:</b> (540) 833-2011							
<b>The facility is:</b>		<input type="checkbox"/> Military		<input type="checkbox"/> County		<input type="checkbox"/> Federal	
		<input type="checkbox"/> Private for profit		<input type="checkbox"/> Municipal		<input checked="" type="checkbox"/> State	
		<input type="checkbox"/> Private not for profit					
<b>Facility Type:</b>		<input type="checkbox"/> Jail		<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Community Confinement Facility			
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<b>Agency Information</b>							
<b>Name of agency:</b>				Virginia Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>							

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# AUDIT FINDINGS

## NARRATIVE:

The PREA Audit of the Harrisonburg Men's Diversion Center (HMDC) was conducted on April 5 - 6, 2016. The Designated Auditor was Charles J. Kehoe.

The auditor wishes to extend his deepest appreciation to Major (hereinafter referred to as Assistant Superintendent) Rob Byrd and his staff for the professionalism, hospitality, and kindness that was shown to the auditor during the entire audit. Major Byrd is the acting Superintendent of the facility as the previous Superintendent had recently retired.

The auditor also wishes to compliment the DOC PREA Coordinator, Rose Durbin and the Regional PREA Analysts, Lawanda Long and Ella Farrington for their outstanding work in organizing the electronic files that were provided to the auditor in advance of the audit. This enabled the audit to move forward very efficiently.

The Virginia Department of Corrections PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by David Haasenritter (a Certified PREA Auditor and colleague of Mr. Kehoe) and Charles Kehoe on December 16, 2013.

On December 30, 2013, the designated auditor, Charles Kehoe, interviewed the Director of Corrections, Mr. Harold Clarke.

An Entrance Meeting was held at 8:00 a.m. on April 5, 2016. Assistant Superintendent, Rob Byrd, was joined by the PREA Coordinator and the two Regional Analysts, the facility PREA Manager/Senior Probation Officer, and two other staff. The auditor thanked everyone for their commitment to PREA and for scheduling this PREA audit. The auditor also thanked the PREA Coordinator and the two Regional Analysts for the flash drive with the documentation which had been set to the auditor a few weeks prior to the audit. The auditor reviewed the audit schedule and gave the Assistant Superintendent the list of random staff and offenders that he would interview. The Assistant Superintendent then gave an overview of the Harrisburg Men's Detention Center as an introduction to the site review.

Following the Entrance Meeting the site review of the facility began at 8:30 a.m. The auditor was given a very thorough review of the HMDC physical plant by the Assistant Superintendent, the PREA Manager and the PREA Regional Analysts. The Notice of the Audit was posted in locations throughout the facility, as was the poster that listed the phone numbers for reporting sexual abuse and sexual harassment and informing offenders how to obtain emotional support if they are sexually victimized. Signage was in English and Spanish. The auditor called the PREA Hotline. The first phone the auditor tried was not working and the Assistant Superintendent said a work order had been turned in on that phone. The second phone the auditor called and he was able to leave a message on the phone. The facility was notified that the auditor had called to test the system.

Following the site review, the auditor began the interviews and reviews of personnel files, training records, residents' files, and other documents. There was one substantiated incident of sexual abuse and the investigation was reviewed by the auditor.

The Morning Count showed there were 120 residents in the HMDC on the first day of the audit. Ten (10) residents were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the residents by their housing assignment at HMDC. One resident who was identified as disabled was interviewed. There were no residents who had limited English speaking skills. One resident who reported a sexual abuse at the facility was interviewed. There were no residents who were identified as LGBTI. The two residents who were interviewed in the special categories were also interviewed as random residents. The auditor conducted a total of 12 interviews involving 10 residents.

Ten correctional officers were interviewed; they were randomly selected by the auditor from both shifts. (Correctional officers work 12-hour shifts.) Thirteen (13) interviews were conducted with 11 employees, (including a volunteer and a contractor) who were identified as specialized staff or staff working in specialized areas. The male residents at this facility cannot be contracted out to another public or private facility. The DOC's contract administrator was interviewed during a previous audit. The specialized group included the Assistant Superintendent, the PREA Compliance Manager, the PREA Investigators(2), medical and mental health staff (2), the staff person who does intake, human resources staff, a volunteer, a contractor, staff who perform screenings for risk of victimization, staff who monitor for retaliation, and an incident review team member. It should be noted that since the HMDC is a small facility several of the staff have multiple responsibilities. Thus, some individuals were interviewed more than once if their PREA duties covered more than one specialized area. In total, the auditor conducted 35 interviews.

During the site review a few blind spots were identified in the kitchen area in the dough room and dry storage area since these rooms did not have cameras in them. The Assistant Superintendent said the DOC is aware of these areas and HMDC has made a formal request for additional cameras. For now, these areas are being addressed with supervision and regular checks. Residents can go into the food storage areas and the coolers, but only under staff supervision. Given that this facility is a level I facility (the lowest security level), the supervision of the residents appears more than adequate.

The auditor was impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first response, and evidence collection.

The auditor randomly selected and examined five (5) personnel files of correctional officers. The personnel files were very organized and contained all the necessary background check information and written documentation that the correctional officers received the required training and understood it. Annual reviews confirmed that employees were asked the PREA related questions (115.217 (a) (1) – (3).

Five training files were also selected and reviewed. The online training is documented as is the employee's exam score which is taken after the training. All employees had a passing score of 80 or better which documents the employee received the training and understands it.

Three residents' files were also randomly selected and had the necessary documentation regarding their PREA education and the required acknowledgement. One resident who reported a sexual abuse had the investigation notification in his file.

Health care services are provided to the residents by a contracted nurse. During interviews, the residents acknowledged that health care professionals are available. There are no residents in this facility with mental health issues. The Qualified Mental Health Professional, who is located at the DOC Regional Office, makes regular visits to HMDC and monitors residents for behavior changes which could indicate the onset of mental health issues. The auditor interviewed him by phone.

When the on-site audit was completed, the auditor conducted an exit meeting on April 6, 2016 at 2:25 p.m. Ten DOC and HMDC staff attended the meeting, including three administrators from the regional office. The auditor gave an overview of the audit and thanked the Assistant Superintendent and the PREA Compliance Manager and their colleagues for their hard work and commitment to the Prison Rape Elimination Act. The auditor was very impressed with the positive climate of this facility and the 24-week program. The staff spoke very favorably of the facility, the residents, and the teamwork which is part of the culture of the facility. All the residents interviewed said they felt safe in this facility and that staff treat the residents respectfully. All the residents said there is no sexual abuse or harassment in the Center because they know it is not tolerated and because most of the residents here will be released soon and will not do anything to prevent their reentry.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The mission of the Harrisonburg Men's Diversion Center is to provide "a residential facility for probationers as sentenced by the courts. This program offers the opportunity for positive behavioral change by ensuring compliance with probation terms and conditions, providing assistance in securing and maintaining employment, providing access to substance abuse testing and counseling and providing programs which will assist the probationer in returning to society as a productive citizen."

The purpose of the HMDC is to house minimum custody state probationers sentenced to the facility's 24 week work program.

HMDC is located 140 miles West of Richmond, Virginia and approximately, 18 miles North of Harrisonburg, Virginia.

The Harrisonburg HMDC is a residential community-based correctional facility for non-violent, minimum custody, probationers sentenced by the courts. This facility was built in 1964 and was utilized as a field unit for offenders until 1998 when it was opened as a Diversion Program.

There are a total of 40 full-time employees and four part-time employees.

Correctional officers work 12-hour shifts from 5:45 a.m. to 5:45 p.m. and from 5:45 p.m. to 5:45 a.m. There are 28 security positions, including 19 correctional officers. The administrative staff and probation officers normally work from 8:00 a.m. to 5:00 p.m. Monday – Friday.

The physical plant consists of an administration building and one dormitory style building which houses the residents. The main security building is multi-level and houses 124 residents, 64 in dorm #1 and 60 in dorm #2. The dorm areas consist of large open-bay dorms with double-bunk beds. The sleeping area is situated and configured in such a manner that gives correctional offices direct lines of sight into each dorm. Both dorms 1 and 2 are supervised by

roving correctional officers. A correctional officer also directly observes the dorms from a central control location. There are a few blind spots behind locker and bunk areas but the facility has mirrors that help to overcome this. Given the low security level of the residents, the auditor did not feel this was a concern.

The lower level accommodates the shower area, laundry room, three parole offices, two large indoor recreation rooms, several educational classrooms, computer room, boiler room and general storage areas. The upper level floor houses the aforementioned dorms 1 and 2, the kitchen; dining room (which can serve up to 60 residents at a time), medical department, staff dining room, major's offices, armory, several security offices, and four segregation cells.

HMDC has an outside fenced recreation area consisting of a baseball field, a regulation sized basketball court, weight lifting, horseshoe pit, and volleyball court. There are two large rooms in the lower level of the main security building that offers three pool tables, a ping-pong table, and other table games.

The front entrance into the security building is monitored and controlled by the security staff. The entire facility is monitored by 18 cameras, three outside cameras, 13 in house cameras, and two cameras trained on the armory in the main security office.

There is a maintenance building and maintenance shop which hold lawn and garden equipment. These two buildings are located outside the fence.

The Superintendent's Office, the Senior Probation Officer's Office, and other administrative offices are located in the administration building, also located outside the fence.

The HMDC offers programs and services to include food services, medical and mental health care, work programs, GED education, laundry, religious services and recreational activity.

The facility is very neat and clean. Given the age of the facility, this requires considerable effort and focus on daily maintenance.

On-site medical care is provided at HMDC. There is a Registered Nurse and Licensed Practical Nurse at the facility employed by Ardmore Medical Services. The doctor is scheduled at the facility once a week on Wednesdays to attend to offender medical needs. Medical emergencies are taken to local hospital. Chronic care or serious non-emergencies are treated at the Augusta Correctional Center.

Residents at the HMDC are required to work while completing their 24 week diversion program. Harrisonburg, VA has several poultry processing centers for chicken and turkey that employ many of the HMDC residents. Other area businesses also employ some of the residents. HMDC has four paid positions at the center for offenders, three for kitchen workers and one for a maintenance assistant. Other offenders are assigned to various other duties at the facility performing housekeeping and grounds keeping tasks in support of the facility and the land which totals 110 acres. Approximately 70% of the residents have off-site employment. There is

always a constant movement of residents given the hours the residents work in some of the local plants. This requires correctional officers and vehicles on the road nearly 24/7.

Academic and social services are also provided. HMDC offers GED classes to eligible offenders on Tuesday, Friday and Saturday at the facility. Computer classes, resume writing, and re-entry programs are also offered at the facility.

Upon arrival each resident is assigned to a probation officer. The probation officer conducts the screening for risk of victimization and abusiveness and provides assistance with case plans, personal development, goalsetting, crisis intervention, and reentry planning. Each resident participates in treatment programs designed to meet his needs. During the first seven weeks of the program each offender receives orientation and participates in educational classes and treatment groups. During weeks eight through 23 residents work at an assigned community job placement or perform community service work as available. During week twenty four residents participate in reentry programming. The reentry phase offers final preparations for returning to the resident's family and the community. Also included in the final preparations is information regarding community resources, money management, dealing with authority figures, and the opportunity to open a checking account and obtain a debit card. Rent is not charged after the resident stops working and enters the reentry program. Working residents are assessed at \$90.00 a week while in the program. Residents in the reentry phase are permitted to wear approved personal clothing.

Visitation takes place in two sessions on Sundays. Residents are aware how to contact their attorneys.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	1
Number of standards met:	37
Number of standards not met:	0
Non-applicable:	1

## **Prevention Planning**

### **§115.211 - 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 Virginia Department of Corrections (DOC) Operating Procedures 038.3 and 130.1 clearly state the Department's zero tolerance of sexual abuse and harassment in any form and outlines the agency's approach to preventing, detecting, and responding to such conduct.

DOC's policies and procedures are well organized and have been continually revised over the last few years as the DOC has developed and implemented PREA guidance and procedures.

Ms. Rose Durbin is the PREA Coordinator. She supervises two regional PREA Analysts; Ms. Lawanda Long is the Regional PREA Analyst for the Eastern Region and Ms. Ella Farrington is The Regional PREA Analyst in the Western Region. Ms. Durbin is also serving the Central Region while that vacant position is being filled (Ms. Durbin was the Central Region PREA Analyst before she was promoted to the PREA Coordinator position). All three regional PREA analysts are active in managing the VA DOC PREA program. The analysts conduct training sessions and meetings to keep facility PREA compliance managers up to date on any changes and best PREA practices. They are very knowledgeable about the PREA Standards and process and are actively involved in the full implementation of PREA. Ms. Long is also a Certified PREA Auditor. Ms. Durbin and the two regional analysts said they have enough time to perform their PREA duties, but have been busy during the time the third analyst position was being filled.

Patricia Senor, Sr. Probation Officer is the Compliance Manager at the HMDC. She also monitors for retaliation of residents and staff and is a member of the Incident Review Team. As the Senior Probation Officer she also supervises the Probation Officers at the facility and has a caseload of residents. Ms. Senor said she has ample time to do her PREA duties because the facility is small and does not have a lot of PREA issues.

### **§115.212 - Contracting with other entities for the confinement of residents**

- 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 DOC policies 038.3, 260.1, and 940.1 meet the requirements of the standard. A contract with the GEO group confirms the DOC has implemented the policies at the Lawrenceville Correctional Center. The Agency Contract Administrator was interviewed during an earlier



PREA audit. A PREA Regional Analyst visits the Lawrenceville Correctional Facility on a regular basis and monitors compliance with the PREA standards.

### **§115.213 – 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)

DOC policy 401.2 states that facilities will meet the requirements of this standard. The facility has had no findings of inadequacy from courts, federal agencies, or the Board of Corrections. There was one allegation of sexual abuse reported, investigated, and substantiated in December of 2015. The staffing plan states that on the day shift there should be a Lieutenant, a Sergeant and six (6) correctional officers. The evening shift has a Lieutenant, a Sergeant, and 3 correctional officers. HMDC also has three chauffeurs who are responsible for transporting residents to their job sites. The Assistant Superintendent stated the minimum number of staff on the day shift would be five (5). The Assistant Superintendent said deviations to the approved post audit are documented. The currently established and approved staffing level is set at 28 security positions. The facility currently operates under these levels. The Superintendent prepared the staffing analysis in January of 2016, prior to her retirement. The plan was reviewed and approved by the PREA Regional Analyst was consulted in the review of the 2016 Staffing Plan Analysis. The PREA Compliance Manager also provided the auditor with the 2015 Staffing Plan Analysis.

Given that this is a community confinement facility and the custody level of the residents, the facility appears to have adequate levels of staffing. The HMDC's 18 cameras monitor critical areas and provide adequate indoor and outdoor coverage. As previously stated, the Assistant Superintendent stated a request has been made for additional cameras to eliminate the identified blind spots and to enhance visual coverage.

Although it is not required under the Community Confinement Standards, intermediate-level and higher level supervisors conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are documented as they would be in any other DOC facility.

### **§115.215 – 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)

DOC Operating Procedures 401.1, 401.2, 445.1, 720.2 and 801.1 incorporate all the requirements of the standard.

The auditor observed announcements being made when the administrative team and the auditor conducted the site review of the facility. The auditor observed entries in the log book where unannounced rounds had been documented. Interviews with residents and correctional officers confirmed that announcements are always made by all female staff when they enter the housing areas. All the residents also said they are never naked in full view of female staff.

The DOC Operating Procedure 445.1, Section VII., A., 2., states,

"A. Searches of offenders

2. Female corrections staff should conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable. Exceptions to this requirement should be referred to the facility Treatment Team."

The policy also says that "Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review."

When the auditor conducted random interviews with staff, seven of the ten staff interviewed could not describe the preferred way to search a transgender or intersex resident or said they don't remember having training on the proper way to conduct a cross-gender pat-down search or how to conduct a search of a transgender or intersex resident. The auditor informed the PREA Compliance Manager that there were some inconsistencies in staff responses and that additional training would be necessary.

During the report writing period, the auditor was informed that facility retrained the entire staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The training roster documented that the persons signing the roster received the additional training and understand it.

### **§115.216 – Residents with disabilities and residents 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)

The DOC Operating Procedure 038.3 states the residents with disabilities and residents with limited English speaking ability will be provided with equal opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA resident education, announcements, PREA signage and reporting instructions are in English and Spanish. The DOC also contracts with Optimal Phone Interpreters for language interpretation services.

Interviews with correctional officers confirmed that resident interpreters would not be used in reporting an allegation of sexual abuse or sexual harassment except in an extreme emergency. However, it was learned that the majority of the correctional officers were not aware of the DOC contract with Optimal Phone Interpreters or how to access the service. On April 15, 2016, during the report writing period, all of the staff at the HMDC were provided training on how to access the Optimal Phone Interpreter service.

The auditor interviewed one resident who was completely illiterate. The resident told the auditor he has seen the PREA video several times and that it was also explained to him in a special education class. He said one of the Lieutenants has also taken time to explain PREA to him and his rights under PREA. He explained to the auditor how he would report any sexual abuse or sexual harassment and also said he understands he would not be punished for reporting a sexual abuse or sexual harassment allegation. He said he also understands that people cannot retaliate against him for reporting.

### **§115.217 – 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)

The DOC conducts background checks on all HMDC employees at least every five years. The auditor interviewed the human resources staff member who confirmed that the DOC conducts the background checks and sends the HMDC a spreadsheet that reminds the facility when employees are due for another background check. The auditor reviewed five personnel files and found annual evaluations included documentation that the employees were asked questions regarding any allegations of sexual abuse or harassment at the time they were hired and annually thereafter per this standard. Employees are also asked these questions if they are being considered for a promotion. DOC Operating Procedures, 041.1, 057.1, 101.1, 101.8, 135.1, 170.1, and 260.1 were reviewed and are consistent with the requirements of the standard.

### **§115.218 – 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)

There have been no major upgrades at this facility in the last several years.

DOC Operating Procedure 801.1 states:

"4. The effect of the facility's design, acquisition, expansion or modification on the facility's ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. (§115.18[a], §115.218[a]) (added 2/27/14)

5. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse. (§115.18[b], §115.218[b]) (added 7/16/13)”

## **Responsive Planning**

### **§115.221 – 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)

DOC Operating Procedures 030.4, 038.3, 445.2, 720.7, and 730.2 meet the requirements of this standard. PREA investigations which may be criminal in nature are investigated by the DOC Special Investigations Unit (SIU) which has law enforcement authority.

Rockingham Memorial Hospital has a Sexual Assault Nurse Examiner that HMDC would use in the event of a sexual abuse provide SANE/SAFE forensic exams. Forensic exams would be provided at no costs to the resident when requested. No inmate has required a forensic medical examination during the audit period.

The current contract between the DOC and Virginia Sexual and Domestic Violence Action alliance (Action Alliance) was included in the documentation. Action Alliance provides emotional support to victims of sexual abuse at the HMDC. In addition, the HMDC has a list of trained volunteers who are on-call to serve as victim advocates. DOC volunteer victim advocates are on call and are not employed by the facility the victim is from. The list of on-call advocates was included in the documentation. No victim advocates have been required to date.

### **§115.222 – 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)

DOC Operating Procedures 030.4 and 038.3, meet the requirements of this standard. PREA investigations which may be criminal in nature are investigated by the DOC Special Investigations Unit which has law enforcement authority. The policy is available on the DOC Website.

There was one substantiated case of sexual abuse that occurred on December 12, 2015. The auditor reviewed the investigation file and found that the investigation was reported the next day and that an investigation was immediately initiated by the HMDC investigator. When the abuser was found guilty of “assault upon or making forcible sexual advances toward an offender,” he was removed from the facility and returned to the jail in the jurisdiction from

which he was sentenced. The victim did not require a forensic exam. However, the HMDC did not refer the case to the DOC SIU as procedures require.

DOC Operating Procedure 030.4 states: The SIU is responsible for:

“Conducting administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities as outlined in this procedure.”

The procedure also states:

“Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit who has the legal authority to conduct criminal investigations.”

Operating procedure 038.3 states:

“3. Investigation

a. An administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. (§115.22[a], §115.222[a], §115.71[k], §115.271[k])

b. Initial investigation may be conducted by the facility investigator.

i. Unless it is quickly and definitively determined that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit.

ii. The facility shall document all such referrals. (§115.22[b], §115.222[b])

c. The Special Investigations Unit (SIU) shall conduct investigations into criminal behavior, procedural or administrative violations, or employee misconduct affecting the operations of the DOC. The Chief of the Special Investigations Unit or a designee shall review the nature of the allegations received to determine if an investigation is warranted.

d. Upon notification of an allegation of sexual abuse or misconduct, investigative staff shall follow Operating Procedure 030.4, *Special Investigations Unit*.

The Assistant Superintendent and the Investigator said they believed the abuser would be charged as a probation violator and did not refer the matter to the SIU.

The auditor believes this was an isolated incident. Given there have been no prior incidents of sexual abuse or sexual harassment in this facility, not notifying the SIU was considered an oversight. The auditor was impressed by the immediate and professional response to this incident, the thoroughness of the investigation, and swift disposition of the matter. At the exit meeting, the auditor said the SIU should be informed of this incident, as soon as possible, so it can be added to the DOC data base. The auditor also recommended that there be a review of Operating Procedures 030.4 and 038.3 at the facility, in addition to the discussion of this issue which took place during the exit meeting.

## **Training and Education**

### **§115.231 – 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)

DOC Operating Procedures 160.1 and 350.2 state the PREA training requirements for all DOC employees are consistent with the requirements of the standards. During the interviews with correctional officers and other staff, the employees responded to training questions with great detail and spoke highly of the PREA training they received. Refresher training and reminders are often provided at roll call. It was clear the staff understood the importance of the PREA training. The auditor reviewed five (5) employee training files and found the documentation of the PREA training they had received, the dates the training was given, and the acknowledgement, via test scores, that they understood the material covered. On previous audits, the auditor reviewed the training curriculum that is given to DOC employees.

### **§115.232– 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)

The auditor reviewed the DOC Operating Procedures 027.1, 038.3, 160.1, and 350.2 and found they address the specifics of the standard. The auditor interviewed a volunteer, who conducts informational groups on banking and checking accounts to residents who are about to be released from the program and a contractor. Both individuals described the training they received and said they understood the material that was presented to them. Documentation was provided that confirmed volunteers and contractors understood the training that was provided to them. Training rosters were also reviewed by the auditor.

### **§115.233 – Resident 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)

Interviews with randomly selected residents confirmed that they received the required PREA education, the DOC brochure on PREA, and HMDC Offender Handbook. The residents stated they were told about the DOC Zero Tolerance Policy, their right to be free from sexual abuse and sexual harassment, how to report an allegation of sexual abuse or sexual harassment, their right to be free from retaliation for reporting a sexual abuse or sexual harassment, and responding to sexual abuse and sexual harassment. The auditor randomly selected four (4)

residents' files and found the acknowledgements that documented the residents received the training. HMDC also documented the curriculum, the DOC brochure and the Handbook. During the interviews, the residents spoke highly of the education program they received at the HMDC. Operating procedures 810.2, 940.4, and OP 038.3 meet the requirements of the standard. As previously mentioned, one resident was illiterate so HMDC made sure he understood the video. This training was further reinforced by a Lieutenant who would check on the resident's understanding of PREA, the DOC Zero Tolerance policy, and how to report any threat or incident of sexual abuse or sexual harassment. The auditor noticed bilingual posters and signs throughout the facility that informed residents and staff how to report sexual abuse and sexual harassment, the DOC's Zero Tolerance Policy, and who to contact for emotional support if a resident was a victim of sexual abuse.

### **§115.234 – 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)

The auditor jointly interviewed the Assistant Superintendent and a Captain from the Augusta Correctional Center. The Captain assists the HMDC in investigations, if needed. There are two PREA Investigators at HMDC. The Assistant Superintendent confirmed that he and another officer had received the PREA investigator training from the National Institute of Corrections program online in January of 2015. The facility provided the auditor with the written documentation that confirmed their successful completion of the training. They have also received the DOC Investigator training.

DOC Operating Procedures 030.4 and 350.2 specify the training requirements for PREA investigators.

### **§115.235 – 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 nurse and QMHP confirmed that they have received the required training. Documentation was presented to the auditor that also confirmed that the physician has also had taken the required training. DOC Operating Procedures 160.1, 350.2, 701.1 and 720.1 specify that all health care staff receive the basic PREA training and specialized training for medical and mental health care staff. The agency meets the requirements of the standard.

## Screening for Risk of Sexual Victimization and Abusiveness

### §115.241 – 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)

DOC Operating Procedures 810.1, 810.2, 861.2 and 940.4 specify that all new residents shall receive an intake screening within 72 hours of admission. These sections of the DOC procedures also cover the 30-day reassessment. The screening covers all the elements in the standard. Access to this information and confidentiality are also addressed in the DOC procedures.

Admissions to the HMDC are strictly controlled. All new residents arrive on the same day of the week, every other week. During the alternate week, eligible residents are released. Scheduling can be adjusted for times that fall within a long holiday weekend to ensure the screenings are completed within the 72 hour requirement. Interviews with intake staff and residents confirmed that the screenings are normally completed within 24 hours of admission.

The Probation Officers on staff at the HMDC are responsible for completing the assessments and the 30-day reviews. The auditor interviewed a probation officer who explained the process. The probation officer stated that he has a form that he uses to capture as much of the required assessment information as possible, before the new resident arrives. This information comes from the DOC CORIS and from the referral material the facility receives from the jurisdiction that is sending the resident. Within 24 hours of admission, the probation officer will have a face-to-face meeting with the resident. Another form attains additional information directly from the resident. The meeting with the new resident is about 45 minutes in length. The probation officer specifically asks the new resident about any physical, mental, or developmental disabilities. The new resident is also asked about his ability to read and write. The probation officer also consults with the nurse regarding any disabilities that will present a potential for risk of sexual victimization. Once all the information is collected, the probation officer will enter all the information required by this standard into CORIS where it is locked-in. Included in the CORIS is the probation officer's observation regarding gender non-conformity. The Assistant Superintendent and the Senior Probation Officer are the only two who can access CORIS. Other administrative staff are informed of provided information on a "need-to-know" basis.

Within 14 to 21 days, the probation officer will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by HMDC since the original assessment. Depending on circumstances, this may or may not require an interview with the resident.



A resident will be reassessed immediately due to an incident of sexual harassment or sexual abuse or additional information that would bear on the resident's risk of sexual victimization or abusiveness. In the case of the substantiated sexual abuse, the victim was reassessed.

Residents' cases are discussed during Learning Team Meetings to ensure there is an on-going assessment of a resident's progress and any potential risk factors that may have developed since the last time the resident's review.

The HMDC has not had a transgender resident in the facility. If a transgender offender is admitted to the program, the resident's own views of his safety would be given serious consideration in placement and programming assignments. Accommodations would be made to permit a transgender or bisexual resident to shower separately from other residents.

### **§115.242 – 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)

DOC Operating Procedures 038.3, 425.4, 730.2, 810.1, 810.2, 830.5, 841.2 and 940.4 address all the requirements of the standard. The information in the risk screening is used to make informed decisions regarding housing, education, work, and other programming assignments to ensure all residents are safe. The facility provided written documentation regarding screening and housing assignments and a review of a resident who had been sexually abused at a previous facility. His review by the Qualified Mental Health Professional was used in determining the residents need for continuing services. As of the date of the audit, there have been no transgender or intersex residents sent to the facility.

### **§115.251 – Resident 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)

DOC Operating Procedures 866.1, 038.3, 038.1, 801.6, and 803.3 are consistent with requirements of the standard. The DOC has informed the residents that there are multiple ways a resident can report a sexual abuse or harassment. Residents can make a report to a staff member, a probation officer, a family member or trusted friend, or the resident can call the PREA Hotline (#55) or call the National Sexual Abuse Hotline. The resident can also ask a family member to complete the PREA Referral form, which is available on the DOC Web site, and email it directly to the Department of Corrections. The PREA brochure gives the phone numbers residents can use to report sexual abuse.

DOC policy states that residents can make reports verbally, in writing, anonymously, and from third parties. The policy requires that staff accept the reports. Interviews with residents

and staff confirmed that this procedure is understood by all the parties. The HMDC provided documents that demonstrated that residents understand how to report an allegation of sexual abuse or sexual harassment.

Random interviews with correctional officers found that there was some confusion over privately reporting an allegation of sexual abuse or sexual harassment. The common response was "why go outside the chain of command?" The auditor explained why this was important. At the exit meeting, the auditor noted this confusion. The auditor is aware, from having done other audits at DOC facilities, that the DOC has made this option known to all staff through training, posters throughout the facility, and in shift briefings. In those facilities, the staff were very aware that they can make a report of sexual abuse or harassment privately. On April 15, 2016, during the report writing period, all the staff at the HMDC were trained again on the process to follow if they wished to privately report an allegation of sexual abuse or sexual harassment.

During the audit, the auditor called #55 and left a message on the voice mail at the office where offenders can call to report sexual abuse or sexual harassment. The representative notified the Assistant Superintendent shortly thereafter to report that the message had been received.

The DOC's multiple ways of reporting have reassured staff and residents that their allegations will be taken seriously.

### **§115.252 – 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)

The DOC Operating Procedures 038.3 and 861.1 stipulate the resident can utilize administrative remedies and file a grievance or complaint to make his PREA allegation known. The procedures state, that if a resident uses the grievance procedure or emergency grievance procedure to report an allegation of sexual abuse or sexual harassment, as soon as the nature of the grievance is made known to a staff member, it is immediately handled as a PREA allegation and does not follow the time lines in the grievance procedure.

Interviews with residents confirmed that residents are aware of their ability to use the grievance procedure as a means of reporting a PREA allegation.

No resident has used the grievance procedure to make a PREA allegation as of the date of the audit.

### **§115.253 – Resident 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)

DOC Operating Procedure 038.3 describes the agency's responsibility to provide residents with access to outside emotional support services.

The DOC has a current written agreement with Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) which the auditor has reviewed. During previous audits, the auditor has called Action Alliance and confirmed that emotional support services are available to residents in the DOC. There are posters throughout HMDC that inform residents how to access the victim services for emotional support by calling or writing the Action Alliance. The Action Alliance address is also in the brochure that is given to every resident.

### **§115.254 – 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)

The Virginia Department of Corrections Web site describes how a "third-party" can make a PREA complaint. The auditor visited the Web site and found the process to be easy to follow. OP 038.3 refers to the DOC Web site for third-party reporting.

### **Official Responses Following a Resident Report**

#### **§115.261 – 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)

DOC Operating Procedures 030.4, 038.1, 038.3, 720.2, 720.7, 730.2, and 801.6 address the reporting requirements staff are to follow when they are made aware of a PREA allegation. Operating Procedure 038.3 requires that the facility head, or designee, immediately report any sexual abuse to the Virginia Department of Social Services if the alleged victim is under 18 or considered to be a vulnerable adult or is a person who is receiving treatment from a mental health agency.

Operating Procedure 720.2 requires the health care staff and mental health staff to inform the resident of their duty to report all allegations of sexual abuse or harassment to the Superintendent or designee upon learning of the allegation.

All allegations are immediately reported to the facility superintendent, the PREA investigator and the PREA Compliance Manager. As was noted previously, the one substantiated sexual abuse that occurred in December of 2015 was not reported to the DOC SIU. This was corrected during the report writing period.

Interviews with randomly selected correctional officers, the nurse, the Licensed Clinical Psychologist, and other designated staff, established that these procedures are well known throughout the HMDC.

### **§115.262 – 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)

Interviews with all staff confirmed that employees are aware of their responsibilities to immediately protect any resident who is at substantial risk of imminent sexual abuse. Operating procedures 038.3, 425.4 and 730.2 specify the reporting requirements.

### **§115.263 – 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)

DOC Operating Procedures 030.4 and 038.3 specify the reporting requirements to follow in the event a resident reports a sexual abuse or harassment that occurred at another facility. The Assistant Superintendent said no residents have reported any allegations of sexual abuse or harassment in other facilities and no reports of sexual abuse or harassment have been made about HMDC.

### **§115.264 – 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)

All the correctional officers and other staff the auditor interviewed knew what to do as first responders. It was clear to the auditor that this is a well-trained staff. Operating Procedures 030.4, 038.3, and 075.1 state staff responsibilities as first responders and include all the requirements of the standard.

In the one substantiated sexual abuse case, the victim was immediately separated from the abuser and the staff responded as they had been trained.

### **§115.265 – 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)

The HMDC has a very detailed Coordinated Response Plan that meets the requirements of the standard. DOC Operating Procedures 038.3 and 075.1 require each facility to have a coordinated response plan. Interviews with correctional officers, health care, and mental health staff confirm that all staff are aware of their specific responsibilities and the responsibilities of their colleagues. The reported and substantiated sex abuse incident demonstrated that the staff responded according to the plan. Since there was not penetration, there was no need for a forensic exam. As previously mentioned, the SIU was not notified. This oversight has been addressed.

### **§115.266 – Preservation of ability to protect residents 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

State employees in the Commonwealth of Virginia do not have collective bargaining rights per the Code of Virginia 40.1-57.2. As a result, there has been no collective bargaining agreement entered into since August 2012.

### **§115.267 – 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)

DOC Operating Procedures 038.3, 075.5 and 130.1 address the subject of retaliation against a resident, victim, or staff member who reports sexual abuse or sexual harassment. The Senior Probation Officer is the staff member designated to monitor for retaliation. In her role as the PREA Manager she is well positioned for this additional responsibility.

The PREA Compliance Manager/Senior Probation Officer explained how a resident or who reported a sexual abuse or sexual harassment, or who cooperate in an investigation would be protected from retaliation. In the case of the resident, the victim could be transferred to another similar facility or moved to the other dorm. The abuser could be removed from the

program. In the case of an employee, the person could be put on another shift, assigned another post, or be referred to the Employee Assistance Program (EAP). The preference would be to keep the victim or the employee in this facility and move the abuser.

In the substantiated sexual abuse case already mentioned, the resident was on the caseload of the PREA Compliance Manager/Senior Probation Officer already and would continue to be seen on a weekly basis. In addition, the Substance Abuse Counselor and QMHP informed the victim that he would be monitored for 90 days to insure there was no retaliation. The victim told the Substance Abuse Counselor and the QMHP that he felt he was "ok" and would not need their assistance as a result of the abuse. The Substance Abuse Counselor and the QMHP did make informal checks with the resident. The retaliation monitoring was documented. In one case, it was noticed the resident/victim was given a disciplinary write-up for a bed violation.

The facility takes its monitoring responsibility very seriously.

## **Investigations**

### **§115.271 – 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)

DOC Operating Procedures 030.4 and 038.3 address criminal and administrative investigations. The procedures incorporate all of the requirements of the standard.

All the SIU investigators who conduct investigations of sexual abuse and harassment have received the required PREA training. In addition, the two HMDC investigators have received the investigator training. The auditor was provided documentation of their training.

In the substantiated sexual abuse case that has been mentioned throughout this report, the auditor found that the investigation that was conducted by the HMDC investigator was done professionally, thoroughly, efficiently, and objectively. The investigator conducted interviews with the victim, the abuser, and at least two witnesses. Since this incident involved touching and not penetration, there was no physical evidence. Although this case could have been referred to the Commonwealth Attorney to consider prosecution, by removing the abuser from the facility it would probably be handled as a probation violation for not following the program rules. The auditor believes this was the more prudent decision.

The auditor interviewed the victim in this case who said he felt the staff responded immediately and that he was offered mental health services and was told he could contact the Action Alliance, but he declined those offers. The victim also said it was not necessary for him to see the nurse since there was not penetration. He said the staff was monitoring him for retaliation and that the Assistant Superintendent frequently asked how he was doing. He was informed that the abuser was removed from the program and charged with a probation violation, but he never heard anymore after the abuser was removed from the program.

This incident was completely documented in a written report. The entire investigation was completed in two days when the abuser was removed from the program.

### **§115.272 – 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)

DOC Operating Procedures 130.1, 135.1, and 861.1 all state that the DOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **§115.273 – Reporting to residents**

- 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)

DOC Operating Procedures 030.4 and 038.3 articulate the protocols for reporting the outcomes of PREA investigations to the victim and informing the victim of the current status of the perpetrator. Operating procedural 038.3 was amended on March 9, 2015 to state that "All such notifications or attempted notifications shall be documented and sent to the offender in the same manner as legal mail (See Operating Procedure 803.1, *Offender Correspondence* for legal mail requirements)."

The Assistant Superintendent and the PREA Manager described the procedures for reporting to residents and how they are documented. The Assistant Superintendent and the PREA Compliance Manager documented that the victim in the previously mentioned case was informed of the outcome of the investigation.

### **Discipline**

#### **§115.276 – 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)

DOC Operating Procedures 130.1 and 135.1 clearly state that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse with a resident. The requirements of this standard are incorporated into the DOC Operating Procedures.

Because there have been no allegations of sexual abuse or sexual harassment involving staff at HMDC, there have been no disciplinary actions against any staff member.

### **§115.277 – 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)

The requirements of this standard are incorporated into the DOC Operating Procedures 027.1 and 031.1. clin

There have been no reports of contractors or volunteers being sexually involved with any HMDC residents.

### **§115.278 – Disciplinary sanctions for residents**

- 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 requirements of this standard are incorporated into the DOC Operating Procedures 038.3, 820.2, 830.3, and 861.1.

The Assistant Superintendent reported that the allegations against the resident who was the perpetrator of the sexual abuse, heretofore cited, were substantiated and therefore the resident was charged with "offense 104b – sexual assault upon or making forcible sexual advances toward an offender. He was found guilty of the charge and subsequently removed from the program on December 15, 2015.

### **§115.282 – 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)

DOC Operating Procedures 038.3, 075.1, 720.4, 720.7, and 730.2 describe the health care and mental health protocols that will be followed to ensure residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services, including timely information about and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The DOC policy states that these services will be provided without financial cost to the victim.



During interviews at the HMDC, the nurse and the QMHP confirmed that these procedures have been reviewed with them and with correctional officers who would react as first responders. Rockingham Memorial Hospital has a Sexual Assault Nurse Examiner that HMDC would use in the event of a sexual abuse to provide SANE/SAFE forensic exams. Forensic exams would be provided at no costs to the resident when requested. Action Alliance is the designated agency that will provide emotional support, if requested.

In the substantiated case, the resident was immediately offered an opportunity to see the nurse, but declined. He was seen by the QMHP and the Substance Abuse Counselor the day after it was reported. They QMHP and the Substance Abuse Counselor offered to continue to see him, but the resident did not think it was necessary. The QMHP did check on the resident near the end of the 90 day monitoring period.

### **§115.283 – 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)

DOC Operating Procedures 720.4, 720.7, and 730.2 describe the health care and mental health protocols that will be followed to ensure residents who have been sexually abused in any lockup, jail, prison, or juvenile facility are offered medical and mental health evaluation and treatment, as appropriate. The nurse and QMHP confirmed that health care and mental health services will be provided, including appropriate follow-up services, treatment plans, and referrals to other services/agencies for continued care, when necessary, following the resident's release from custody or transfer to another facility or placement.

The nurse and QMHP reported that the medical and mental health care that would be provided to sexual abuse victims is consistent with, or better than, the community level of care.

### **Data Collection and Review**

#### **§115.286 – 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)

DOC Operating Procedures 038.1 and 038.3 define the process that will be followed by the Sexual Abuse Incident Review Team. These procedures meet the requirements of the standard. The Superintendent, Assistant Superintendent/Major, the PREA Manager, and the nurse constitute the Incident Review Team. Additional staff could participate, as needed.

The Assistant Superintendent and the auditor reviewed the Incident Review Team report from the substantiated sexual abuse case. While the report covered all the essential areas and questions included in this standard, the auditor noted that the report was neither dated nor signed. The Assistant Superintendent stated that he believed the Incident Review Team met on December 21, 2015. This would be would have been a week after the matter was closed.

### **§115.287 – 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)

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control and has used a standardized instrument since 2008. The system is continuously improving. The system also allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion. The data is used by the agency to monitor trends and take corrective action as quickly as possible. The DOC Annual PREA Report and the Survey of Sexual Violence from the DOC were documented and reviewed by the auditor.

Operating Procedure 038.3 describes the requirements that the DOC follows for data collection.

### **§115.288 – 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 DOC reviews the data collected from its facilities 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. DOC Operating Procedure 038.3 meets the requirements of this 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)

The DOC Operating Procedures 038.3 defines data retention and secure storage protocols for the DOC. The DOC publishes an annual report that makes all aggregated sexual abuse data

readily available to the public through its Web site. Record and data retention procedures are consistent with the standard.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. Harrisonburg Men's Diversion Center, Harrisonburg, Virginia meets the requirements of the Prison Rape Elimination Act, Community Confinement Standards.



May 15, 2016

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Auditor Signature

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Date