

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:		Virginia Correctional Center for Women	
Physical address:		2841 River Road West, Goochland, Virginia 23063	
Date report submitted:		11/25/14 Revised Final 12/17/14	
Auditor Information Diane Lee – The Nakamoto Group			
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Date of facility visit:		November 12-14, 2014	
Facility Information			
Facility mailing address: (if different from above)		P.O. Box 1, Goochland, VA 23063	
Telephone number:		804-556-7500	
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
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Agency Information			
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Governing authority or parent agency: (if applicable)		Commonwealth of Virginia	
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA audit of the Virginia Correctional Center for Women was conducted on November 12-14, 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 Statewide PREA Coordinator, Elisabeth Thornton, at the Virginia Department of Corrections' headquarters in Richmond, Virginia. During the audit, the auditor toured the facilities and conducted formal staff and offender interviews. The auditor interviewed 14 offenders (10 were random offenders from all of the housing units). One of the offenders was transgender and two of the offenders had reported sexual abuse. There were no offenders that were neither disabled nor limited English speaking inmates.

In addition, the auditor questioned 22 staff (12 specialized staff and 10 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 shift. Specialized staff interviewed included the Warden; PREA Compliance Manager/Investigator; Human Resource Manager; Health Services Administrator/Contract Staff; Qualified Mental Health Professional, Psychology Senior; Psychology Associate 1; Intel Officer; Institutional Training Officer; Assistant Training Officer; Intake Officer; Case Manager Counselor; and Classification Institution Program Manager.

An entrance meeting was held with the following persons in attendance: Lisa Hernandez, Warden; Tammy Williams, Records Manager; Joyce Layne-Jordan, Unit Manager; Shawn Gore, B&G Superintendent; Jackie Maxwell, Therapeutic Community Director; Melissa McCray, Institutional Program Manager; Robinette Clark, EBP/Reentry Manager; Larry Collins, Operations Manager; Wayne Reed, Psychology Associate Senior; Paul Beaupre, Institutional Safety Specialist; Kim Knight, Unit Manager; Stevie Trent, Institutional Investigator; Angel Baugh, Intelligence Officer; Virginia Johnson, Unit Manager; Rose Durbin, Central Regional PREA Analyst and PREA Hotline Coordinator Dhara Amin.

On the first day of the audit, there were 559 female offenders at the facility. Following the entrance meeting, I toured the facility from 8:20 a.m. to 11:30 a.m. on the first day and from 8:30 a.m. to 10:30 a.m. on the second day. In the last calendar year, there were twelve (12) sexual assault/harassment allegation cases. Of the eleven (11) sexual abuse allegations; ten (10) were unsubstantiated, none were substantiated and one (1) was unfounded. The one sexual harassment allegation was unsubstantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Virginia Correctional Center for Women (VCCW) is located near Goochland Courthouse in Goochland County. The facility opened in 1931 with its oldest building and additional buildings were added beginning in 1952. VCCW operates under uniform policies and procedures established in accordance with Department of Corrections, Divisional Operating Procedures, the State Board of Corrections and the American Correctional Association. Total acreage of the facility is 260 acres. There are a total of 30 structures on the institutional property to include five (5) general population buildings, one (1) restrictive housing building, food service kitchen/mess hall, gym, DOE school, administration building, laundry, water treatment plant, power plant, chapel, and staff housing. Most of the buildings are two story brick construction. Each housing unit has two (2) floors, with sinks, showers, washer/dryers and commodes on both levels. Each floor has a dayroom with recreation tables. The restrictive housing building has two (2) wings. The facility has a 24-hour medical unit, dental clinic and mental health department located in building 2. The total square footage of the five (5) living units and one (1) restrictive housing building is 88,300 square feet. The buildings are spread out throughout the hilly acreage looking like a college campus with attractive landscaping.

Case Manager Counselors provide a wide range of treatment services to the population. Core programs offered are Thinking for a Change, Anger Management, and MATRIX. There is a wide variety of educational and vocational programs offered at the facility. The offender population has the opportunity to earn their GED as well as college credits. VCCW partners with both J. Sargent Reynolds Community College and Louisiana State University to offer college courses through correspondence courses as well as instructional classes held on-site. VCCW has a partnership with Virginia Correctional Enterprises which operates an industrial laundry and document conversion shop at the facility. VCCW has recently taken over responsibility to provide offender workers to the Meat Plant through an additional partnership with DOC Agribusiness Unit.

The mission statement for the facility is that “Virginia Correctional Center for Women enhances public safety by serving as a change agent in assisting female offenders in achieving positive, permanent transformations that will allow them to successfully re-enter the community as productive citizens. This mission is achieved by providing effective therapeutic, educational and vocational programming in a secure, humane environment and by developing community partnerships to provide a continuum of services upon release”.

Along with the treatment programming for offenders in general population, VCCW offers an intensive 140 bed Substance Abuse Cognitive Therapeutic Community. The mission of the Therapeutic Community is to improve the safe, secure, and cost-effective operation of prisons while providing offenders with an opportunity for positive change. Therapeutic Community programs are designed as well as structured to create an environment that provides a residential, 24-hour per day, 7-days a week, intensive learning experience in which offenders’ behavior, attitudes, values, and emotions are continually monitored, corrected, or reinforced as part of the daily regimen. The role of substance abuse therapeutic programs is to re-socialize offenders according to positive values and substance-free lifestyles. At VCCW, there is an extensive 6-week Pre-Release program called the Cognitive Reentry Community. This mandatory program is a means to enhance transitional services for all offenders that are not accepted into the

Therapeutic Community. Upon completion of the program, offenders will have obtained valuable transitional services and resource information specific to their needs. The program's goal is to provide female offenders an opportunity to acquire the life skills and resources needed to be successful and healthy individuals upon their release. The Cognitive programming teaches the importance of thinking before reacting, therefore, allowing for better decision making. Participants benefit from understanding what is needed to become productive law-abiding citizens, and decreasing their chances to recidivate. Participants also build confidence in themselves by receiving/giving encouragement and respect for others and oneself. Curriculum includes (but is not limited to) the following topics: Parole and Probation Procedures, Health, Legal Issues, Employment, Finances, Family Relations, Community Resources & Technology, and Personal Growth.

The Elizabeth Kates Foundation is a non-profit organization assisting VCCW on the Governor's re-entry initiative and ways to increase the odds for brighter futures for the offenders. Education is the main priority for the foundation providing scholarships, books, and supplies to a great number of "Kates Scholars". Through their on-going efforts they also coordinate collections for Kates Kloset, which is a very successful endeavor to provide needy offenders with fashionable clothing as they re-enter society. The Elizabeth Kates Foundation is an excellent partner and their support makes so many opportunities available to the offender population at VCCW.

The multi-million dollar construction project that is being completed at the Virginia Correctional Center for Women will have a main focus of replacing the windows in the buildings as well as installing HVAC. An additional set of money was allotted within the past three months for the replacement of the doors to the offender rooms as well as entry and exit doors to the building. The renovation to the living unit doors will also include new control panels in the living units. The doors will have a long, thin window which will make viewing of offender activity in the cells easier. Each door will have new tray slots installed and each room will have a separate intercom system with the ability to record conversations and times when the call buttons are pushed. The large entry doors (bars) will be replaced with sliding doors. New windows are being designed for the control booth.

The auditor found the staff and offenders 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 with and treat victims of sexual assault and or sexual harassment. Warden Hernandez is very proactive in implementing all the elements involved in the Prison Rape Elimination Act standards.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held with the Executive Team. While I could not give the facility a final finding, I gave an overview of the audit and thanked the Virginia Correctional Center for Women staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded: 9

Number of standards met: 32

Number of standards not met: 0

Not Applicable: 2

§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 Analysts to ensure they are meeting all the PREA standards. The facility PREA Compliance Manager reports to the Lead Warden. Ms. Elisabeth Thornton is the agency PREA Coordinator. She supervises three regional PREA Analysts; Ms. Rose Durbin, the Central Regional PREA Analyst is assigned for this facility. Ms. Lawanda Long is one of the other regional PREA Analysts, but also serves as the PREA Audit Coordinator. It should also be noted Ms. Long is a certified PREA auditor. All claim to have enough time to perform their respective PREA duties. All were knowledgeable of PREA and the PREA standards.

§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)

Virginia Department of Corrections has one contracted facility. The Lawrenceville Correctional Center operated by the GEO Group Inc. In March 2013 its contract was amended to include entity's obligation to adapt and comply with PREA standards and the Virginia Department of Corrections responsibility to monitor GEO's compliance with PREA and any standards promulgated in furtherance of PREA. The Virginia Department of Corrections Operating Procedure 038.3 established the requirements in policy. Per conversation with Ms. Durbin and Ms. Long the process will be a mock PREA audit each year the contracted facility does not undergo an official PREA audit. The agency has not contracted with other entities for the confinement of the offenders from Virginia Correctional Center for Women.

§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)

Virginia Correctional Center for Women has developed a staffing plan and makes its best efforts to comply with the staffing plan. Cameras and mirrors supplement the security of staff members' posts. The staffing plan is reviewed annually by the facility, region, and PREA Coordinator. The facility documents all deviations to the plan. Unannounced rounds are documented in logs, and are done randomly. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The Warden completes an annual review of the post audits and staffing plan. They are in the process of multi-million dollar renovations in the housing units which will improve visibility of inmates in their cells, since many doors currently do not have a window. The doors will have a long, thin window which will make viewing of offender activity in the cells easier. Each door will have new tray slots installed and each room will have a separate intercom system with the ability to record conversations and times when the call buttons are pushed. The auditor also suggested that they could replace the full length shower curtains with some that would be clear on the bottom third so that the staff could see if someone is in the showers.

Documentation of unannounced rounds that cover all shifts during a random review during the audit was not consistent. The Virginia Correctional Center for Women has developed an action plan to ensure that all unannounced PREA Rounds by Sergeants, Lieutenants and Captains are being documented as such in the logbooks on all units, and in any area in which an offender has regular, on-going access during daily operations. This action plan was developed by the Warden and the Chief of Security. All supervisory staff will be reminded on a bi-weekly basis in formation to ensure they are conducting unannounced rounds and documenting this in the logbooks. The documentation should consist of a written note stating "Unannounced PREA Rounds", the person's name, date and time. This announcement will also be made in each Security Supervisors' Meeting. These meetings are conducted on a monthly basis and include Sergeants, Lieutenants, Captains and the Major. In addition to ensuring that Sergeants, Lieutenants and Captains are conducting their rounds, the Warden will remind each Administrative Duty Office to ensure they are documenting such in the "ADO" Logbook. This reminder will take place in the Warden's monthly Department Heads' Meeting. A reminder will also be made in all of the venues noted above to ensure that the "Male on the hall" announcement is being documented in the logbook. All of the above noted documentation for Unannounced PREA Rounds and Male on the hall will be highlighted in the books. The Warden, Major and the PREA Compliance Manager will be responsible for ensuring these rounds are taking place and are being documented correctly. This action plan was put into place on November 14, 2014. Operating procedures 401.1, 401.2, and 401.3 support this standard.

§115.14 – Youthful Inmates

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

Not Applicable- Virginia Correctional Center for Women does not house youthful offenders.

§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 offender housing unit(s) by stating “male 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 offenders, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. As part of the action plan implemented during this audit a reminder will be made in the Warden’s monthly Department Heads’ Meeting to ensure that the “male on the hall” announcement is being documented in the logbook. All of the above noted documentation for Unannounced PREA Rounds and “male on the hall” will be highlighted in the books. As part of the 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 offenders with disabilities and offenders 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 offender handbooks are in English and Spanish. They have a contract for interpreter services. OP 038.3 covers the standard.

§115.17 – Hiring and Promotion Decisions

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

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/volunteers have their criminal background check completed. A tracking system is in place to ensure they will be completed every five years. Applicants and employees

have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. Virginia DOC Operating Procedure 057.1 allows information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to be furnished to any institutional employer for whom which the employee has applied to work.

§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)

When updating monitoring technology (cameras) and mirrors, the agency and facility considers how technology may enhance the ability to protect offenders from sexual abuse. A multi-million dollar renovation construction project is currently being implemented with these standards a priority in the plans.

§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 to assess the offender for acute medical needs to ensure they are stable enough for transport. When a recent sexual abuse (one which has occurred within 72 to 90 hours) is reported policy dictates that the offender is transported to the Medical College of Virginia in Richmond for SAFE/SANE exam. There have been no offenders who were transported during this report period for forensic medical exams. A MOU is in place with the 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 offenders 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 offender 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. The Institution Training Officer does an excellent job ensuring that all training is received as required.

§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. All contractors and volunteers who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

§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)

Offenders receive information at time of intake through a PREA pamphlet and there is information in the offender 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 weekly which consists of video and additional information which expands on the information provided in the pamphlet and

handbook. The offenders sign an acknowledgement of having received the training. Operating Procedures 038.3 and 810.2 cover the components required. During the tour and interviews, offenders acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy.

§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)

The Institutional Investigator, as well as the Central Office Special Investigative Unit Investigators, received specialized training at the Virginia State Police Academy, developed by the Moss Group for conducting sexual abuse investigations. The specialized training is now part of the curriculum for Investigators training which the Intel Officer has received. 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 have 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 offenders are assessed during intake screening for their risks of being sexually abused by other offenders or sexually abusive towards other offenders. Upon arrival at the facility, counselors conduct a screening within 72 hours of arrival by policy and check of records. Offenders identified as high risk for sexual victimization or risk of sexually abusing other offenders 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 offenders' risk of sexual victimization or abusiveness. The new information would be added to the VDOC electronic system to determine appropriate housing assignments.

§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 offenders at high risk of being sexually victimized separate from those at high risk 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 offender. There is one transgender offender at the time of the audit. The inmate was interviewed and is very satisfied with the consideration given for any special needs.

§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 offenders 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 offenders placed in this status. Operating Procedures that meet this standard include 425.4, 810 and 830.5. There is a concern with putting witnesses of an alleged sexual abuse case in protective custody and having the Special Investigation Unit take up to 25 days to interview the offenders and make a determination on the investigation. The facility and PREA Analyst will work with the SIU to try to improve the response time for investigations when the witnesses are being held in protective custody.

§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 offender interviews, this is clearly documented. The procedures for reporting are clearly stated in the offender handbook, on posters and through Operating

Procedures 038.3, 801.6, 803.3. and 866.1. Through inmate interviews this information was verified.

§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. No 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 the 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 offenders 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 offenders through posters and their handbook. A letter was received by this auditor after the on-site audit was completed alleging sexual harassment. The allegations were forwarded to the Warden and has been thoroughly investigated with appropriate action being taken.

§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. Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Staff and offender interviews supported reporting and not discussing sexual abuse and harassment cases. There was one offender who alleged that there were other inmates present in the therapeutic community who were asked by the staff member to transcribe her statement of alleged sexual abuse. Although the other inmates did not disclose the information, this situation is being reviewed by management for the appropriateness of having other inmates involved in the report.

§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 offender was at imminent risk of sexual victimization, they take immediate action to protect the victim. There is a detailed PREA Response Follow-Up Checklist that was developed by the Warden to ensure all steps are followed. There was one inmate in this status that was moved to another unit. 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 one allegation that an offender was abused while confined at another facility. The facility was notified of the allegations within 72 hours. There have been no allegations of sexual abuse that VCCW received from other facilities.

§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, there is a detailed PREA Response Follow-Up Checklist that was developed by the Warden to ensure all steps are followed.

§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 Warden and the PREA Compliance Manager share the duties of monitoring retaliation. At a minimum, they conduct checks with offenders who have been victimized or reported victimization every 30 days up to 90 days or longer if required to ensure no retaliation on the offender 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 offenders 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 VCCW Investigator and Intel Officer conduct investigations within the facility. All of the investigations were reviewed promptly, thoroughly, and objectively, including third-party and anonymous reports. 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. During this period two allegations were referred for criminal prosecution. These two investigations were reviewed by this auditor.

§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. Offenders were not being notified consistently of the results of the investigations, but are now all being notified.

§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. There is one staff member who is currently pending trial for violation of state sexual abuse of offender laws. The staff member was also terminated for violating agency sexual abuse or sexual harassment policies. All cases related to staff PREA violation cases were referred to the Special Investigative Unit for violating agency 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 offenders 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 offender handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for offenders. There were no administrative findings of offender-on-offender sexual abuse that occurred at the facility during this audit period that were subject to disciplinary sanctions.

§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. There is a new Mental Health Service Progress Note format which was implemented on 9/18/14 which includes all significant areas to be reviewed for follow-up meetings with the offenders. Through an interview with Mental Health Director, it was verified that the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services. Due to the high female population's history of prior sexual victimization, there are many services that are offered to meet the offender's needs for trauma victims including both individual and group counseling. All offenders 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 720.7, 730.2, 038.3 and 075.1 address this standard. A Sexual Assault Response Checklist is used to ensure all steps are completed. Mental Health staff uses a Sexual Assault Assessment to determine services needed and offers a vast array of treatment services. Review of operating procedures and interviews with staff and offenders confirm compliance.

§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. Due to the high female population's history of prior sexual victimization, there are many services that are offered to meet the offender's needs for trauma victim. Individual and group counseling includes the seeking safety group for trauma victims and trauma resolution group.

§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. Reviews are now completed by the review team in a timely manner since the Warden has made this a priority since implementing the PREA Response Follow-Up Checklist .

§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. Data is properly stored, maintained and secured. Access to data is tightly controlled.

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

November 25, 2014 Revised 12/17/14

Auditor Signature

Date