

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

Interim Final

06-24-19

Auditor Information

Name: Paul Perry

Email: perry@pcrj.org

Company Name: PREA Auditors of America

Mailing Address: PO Box 1186

City, State, Zip: Bowling Green, VA 22427

Telephone: 540-760-6201

Date of Facility Visit: June 3-5, 2019

Agency Information

Name of Agency:

Virginia Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Physical Address: 6900 Atmore Dr.

City, State, Zip: Richmond, Virginia 23225

Mailing Address: P. O. Box 26963

City, State, Zip: Richmond, Virginia 23261

Telephone: 804-674-3119

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: "We enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men and women in our custody and care by providing supervision and control, effective programs and re-entry services in safe environments which foster positive change and growth consistent with research-based evidence, fiscal responsibility, and constitutional standards."

Agency Website with PREA Information: www.vadoc.virginia.gov

Agency Chief Executive Officer

Name: Harold Clarke

Title: Director

Email: Harold.Clarke@vadoc.virginia.gov

Telephone: 804-887-8081

Agency-Wide PREA Coordinator

Name: Rose Durbin	Title: PREA/ADA Supervisor
Email: Rose.Durbin@vadoc.virginia.gov	Telephone: 804-887-7921
PREA Coordinator Reports to: Maria Vargo, Corrections Operations Administrator	Number of Compliance Managers who report to the PREA Coordinator 3 Regional PREA/ADA Analyst- 40 Compliance Managers Report to PREA Analyst

Facility Information

Name of Facility: Wallens Ridge State Prison			
Physical Address: 272 Dogwood Dr, Big Stone Gap, Virginia 24219			
Mailing Address (if different than above): P.O. Box 759, Big Stone Gap, Virginia 24219			
Telephone Number: 276-523-3310			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: "As Corrections Professionals WRSP demonstrates commitment through competency, accountability, ethics, and taking pride in our work. Wallens Ridge State Prison is committed to providing a safe and healthy environment for staff and offenders. We support successful offender re-entry transition by providing re-entry programs and engagement with community stakeholders."			
Facility Website with PREA Information: www.vadoc.virginia.gov			

Warden/Superintendent

Name: Carl Manis	Title: Warden
Email: carl.manis@vadoc.virginia.gov	Telephone: 276-524-3667

Facility PREA Compliance Manager

Name: Franklyn M. Santos Jr	Title: Institutional Operations Manager
Email: franklyn.santosjr@vadoc.virginia.gov	Telephone: 276-524-3716

Facility Health Service Administrator

Name: Tina Townsend	Title: Health Authority
Email: tina.townsend@vadoc.virginia.gov	Telephone: 276-524-3691

Facility Characteristics

Designated Facility Capacity: 1120		Current Population of Facility: 1081	
Number of inmates admitted to facility during the past 12 months			481
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			481
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			481
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			154
Age Range of Population:	Youthful Inmates Under 18: 0	Adults:	18-72
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			619 days
Facility security level/inmate custody levels:			Level 5
Number of staff currently employed by the facility who may have contact with inmates:			432
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			52
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			75
Physical Plant			
Number of Buildings: 4 housing units with 6 pods in each unit		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		154	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility has 269 cameras. There are 43 Pan, Tilt, Zoom cameras. Cameras monitor entrances, stairwells, vestibules, recreation yards, hallways, medical areas, visitation, select cells, armory, sallyports, parking lot, classrooms, library, laundry, kitchen, boulevard, towers and living units. Video retention is approximately 30-90 days based on the amount of activity being recorded. All cameras are monitored by trained officers in the facility's Master Control Center.			
Medical			
Type of Medical Facility:		Comprehensive 24-hour medical services	
Forensic sexual assault medical exams are conducted at:		Wallens Ridge State Prison	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			75
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			4

Audit Findings

Audit Narrative

The Virginia Department of Corrections contracted with PREA Auditors of America for Prison Rape Elimination Act audit services of the Wallens Ridge State Prison facility. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Wallens Ridge State Prison's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the second Prison Rape Elimination Act audit of the Virginia Department of Corrections' Wallens Ridge State Prison facility. The facility was previously audited in April 2016.

The Auditor sent a notice by email to the agency's Western Region PREA/ADA Analyst on April 9, 2019. The notice contained information and an address how offenders were able to confidentially contact the Auditor prior to arriving on site. On April 12, 2019 the Auditor sent the PREA Coordinator a Spanish version of the notice. The notice informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on April 12, 2019 in all offender living units. The Auditor received no correspondence from an offender before arriving at the facility. While at the facility no offender specifically requested to speak to the Auditor.

The Auditor received the Wallens Ridge State Prison's completed Pre-Audit Questionnaire by mail. The Pre-Audit Questionnaire was received on April 26, 2019 on a secure thumb drive. Once received, the Auditor immediately began a pre-audit review of the material. The information sent by the facility's Western Region PREA Analyst included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, floor plans, schematics, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from offender medical and central records, contracts, and handbooks.

Once a contract between PREA Auditors of America and the VA DOC was signed, the Auditor began communications with the Western Region PREA Analyst through email. The Auditor asked numerous questions through email prior to arriving on site. The Auditor requested additional information periodically from the Western Region PREA Analyst. The Western Region PREA Analyst maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. The Auditor needed clarification on several matters and requested some additional information. The Auditor had telephone conversations with the Western PREA Analyst prior to arriving on site. The Auditor recommended a change to one of the contracts sent in the Pre-Audit Questionnaire. The verbiage change was not required in order to comply with a specific standard.

The Auditor discovered the contact information of the Virginia Sexual and Domestic Violence Action Alliance in the Pre-Audit Questionnaire. The facility's Memorandum of Understanding

requires the VSDVAA be contacted to provide for victim advocacy. The Auditor communicated with a victim advocate with the VSDVAA by telephone. Details of the telephone interview are provided later in this report.

The facility's Memorandum of Understanding to provide a SANE is with the Mountain States Health Alliance. The Auditor contacted the Sexual Assault Nurse Examiner (SANE) with the Russell County Hospital by telephone. The Auditor discussed the specifics of forensic services offered through the Memorandum of Understanding. The telephone interview provided an understanding of the level and scope of services provided to offender victims of sexual abuse. More details are provided later in this report.

The Auditor conducted a review of the Virginia Department of Corrections website (www.vadoc.virginia.gov). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's zero tolerance and investigations policies, PREA reports, PREA reporting information, a Third-Party Reporting Form link, Data Collection information and contact information.

The Auditor arrived at the Wallens Ridge State Prison the evening of June 3, 2019. A meeting with key personnel was held by the Auditor prior to beginning the process. The following personnel were in attendance:

- Carl Manis – Warden
- David Anderson – Chief of Security
- Dennis Collins – Chief of Housing
- Tammy Barbetto – Western Regional PREA Analyst
- Frank Santos – PREA Compliance Manager

The Auditor introduced himself and discussed the audit process with key staff. The PREA Compliance Manager offered the Auditor a tour of the facility. The above listed staff members accompanied the Auditor during the tour. The Auditor asked the WRSP staff to distance themselves when the Auditor speaks to offenders and staff during the facility tour. The Auditor explained he wants staff and offenders to be able to speak freely and confidentially with the Auditor during informal interviews. After completion of the tour the Auditor was provided a private office in the facility to conduct work.

Facility staff allowed the Auditor full access to all areas in the Wallens Ridge State Prison. The tour included visits to the administrative, intake, property, control centers, visitation, classrooms, outdoor and indoor recreation yards, laundry, library, medical, kitchen, Armory, VTC Court Room and all inmate living units. During the tour the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff conducting security rounds, interacting with the offender population, commissary delivery, foodservice operations, and making opposite

gender announcements. Medical and mental health personnel were observed conducting treatments and pill call with offenders. The Auditor observed offenders participating in programs, education, and work. Programs were being conducted in classrooms and in offender living units. All offender restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing offenders in the process of such.

While touring the facility the Auditor conducted informal interviews with staff and offenders. WRSP staff allowed the auditor distance so staff and offenders could speak freely and confidentially to the Auditor. The Auditor informally interviewed 7 offenders while touring the facility. Offenders were informally asked the following, but not limit to, questions: if they felt safe in the facility, how they would report an allegation of sexual abuse, if they have received education regarding the facility's sexual abuse policies, and if they received information regarding sexual abuse and sexual harassment when arriving at the facility. The Auditor informally interviewed 14 staff members throughout the duration of the audit. Staff was informally asked the following, but not limit to, questions: if they have received PREA training, if they have had an offender report an allegation to them, what action they would take if they were the first responder to an incident of sexual abuse, if staff make opposite gender announcements, and if supervisors conduct unannounced rounds.

The Auditor conducted a review of supportive documentation provided by the PREA Compliance Manager and Western Regional PREA Analyst. Supportive documentation provided by the facility included, but was not limited to, policies and procedures, staffing plan, diagrams, Handbooks, training records, employee records, medical records, classification records, investigative files and logbooks. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review and reporting.

The Auditor requested additional supportive records from the PREA Compliance Manager and Western Regional PREA Analyst. The additional supportive documentation requested included 20 randomly chosen and 20 targeted offender medical and classification records, all staff, contractor and volunteer training records and 5 randomly chosen HR records. Prior to arriving on site, the Auditor reviewed 26 offender classification records, totaling 66 offender records reviewed during the audit. The Auditor visited with day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen offenders. The facility provided a private room for the Auditor to interview offenders without staff and other offenders able to observe or overhear the information exchanged between the Auditor and offender being interviewed. The private room did not have a camera or audio monitoring device located within. The auditor randomly chose 20 offenders and specifically chose 20 offenders for formal interviews. Offenders specifically chosen for interviews included 5 offenders who reported being gay or bisexual, 1 who identified as transgender, 2 who were identified as limited English speaking, 1 who was limited English speaking and had a cognitive disability, 1 with a cognitive disability, 3 who reported a sexual abuse incident, 1 who reported a sexual harassment incident, 1 who reported a sexual harassment incident and who had a cognitive disability, 2 who had a

physical disability, 1 who reported suffering sexual abuse during booking and 2 who were identified at high risk of sexual victimization. The Auditor did not interview an offender who wrote the Auditor prior to arriving on site as no correspondences were received. There were no offenders who were blind or deaf for the Auditor to interview.

The Auditor randomly chose 20 offenders from the WRSP population housing list. A relative sample of offenders was chosen from each of the facility's 4 living units. During random interviews the Auditor discovered one offender who did not report he was bisexual to staff upon intake, one offender who recently identified as transgender and several offenders who only reported to the Auditor of previous victimization suffered in a community setting.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 20 staff members and specialized interviews with 16 staff members. Specialized interviews were conducted with intake, classification, medical and mental health, investigator, supervisors, intermediate and high-level staff, PREA Compliance Manager, line staff, retaliation monitor, command staff, Warden, volunteer, contract, Human Resources, and first responders. Formal staff interviews were conducted in the facility training room and in staff offices.

The Auditor concluded the onsite portion of the audit on June 5, 2019 in an exit meeting with the following personnel:

- Carl Manis – Warden
- David Anderson – Chief of Security
- Dennis Collins – Chief of Housing
- Tammy Barbetto – Western Regional PREA Analyst
- Frank Santos – PREA Compliance Manager
- Matthew Flemming – Institutional Investigator
- Joseph Ely – Unit Manager
- Joseph Stallard – Unit Manager

The Auditor informed the group the on-site portion of the audit was completed but the Auditor still had work reviewing documents provided by the PREA Compliance Manager and Western Regional PREA Analyst. Staff were informed the Auditor still may request copies of additional documents within the next week. The Auditor briefed staff in the exit meeting with the Auditors experiences during the tour, reviewing documents and interacting with staff and offenders. The Auditor informed staff were friendly, professional and receptive during interactions. The offender population was cooperative with the Auditor and spoke highly of the facility operations and staff's professionalism. The Auditor observed facility operations appeared well managed with strict control of the population both inside and outside of living units. No major complaints were exposed to the Auditor by offenders during the audit.

The facility is accredited through the American Correctional Association. The facility received a final score of 99.77% on its last ACA audit in October 2018.

Facility Characteristics

Wallens Ridge State Prison (WRSP) is in Big Stone Gap, Virginia and sits atop the Appalachian Mountain on 272 Dogwood Drive. The facility is in a rural area sitting on a 20-acre parcel within 135 acres of land. The Virginia Department of Corrections opened the Wallens Ridge State Prison in April of 1999. The facility houses adult male maximum security offenders serving long sentences within the Virginia Department of Corrections.

The WRSP has four 23,206 square feet housing units divided into 6 pods with single and double cell occupancy, with one building serving as the Restrictive Housing Unit. Each housing unit has 2 control rooms which overlook offender housing areas. Each control room officer supervises 3 pods each, outside recreation areas and dayrooms. There is a total of 15 buildings within the interior and exterior of the facility. The buildings are constructed of pre-cast cement designed in a rectangular shape. The main building is 33,752 square foot and serves as the location for the Warden's office, administrative staff offices, Master Central Control, visiting area, training room, medical unit, staff dining, staff exercise room, and inmate intake/transfer reception area. The building that houses food service, offender dining, education, recreation/gym, laundry, religious services, commissary, and support staff office is a 57,422 square feet structure. The WRSP Warehouse is 25,094 square foot and is located outside the perimeter of the main facility and houses the maintenance unit, food service freezers, storage and supply needs for the institution.

The facility is surrounded by a double security fence system topped with razor wire and monitored by perimeter patrol vehicles. There are 2 outer perimeter security towers and a canine kennel. Each housing unit has 2 control rooms which overlook offender areas. Each housing unit has a Gun Officer who supervises 3 pods, outside recreation area and dayrooms. The Program Support Building divides the housing units, which enables staff to control movement within smaller offender groups. Housing units are designed for maximum contact with staff, with Security and Counselor offices located in the buildings.

The outer fence at WRSP is an Intrudalert 5500 and is also known as a shaker fence due to the shaker sensors that are located on the fence. The fence has twenty-one separate zones which include 3 microwave detectors; 2 of which are located at the sally port and the third at the front search area. The inner fence is a taut wire fence VTW 400 made by Detekion that is set off by deflection. If the wire is moved approximately two inches or less or if it is broken, it will set off an alarm. The Mobile Patrol is a twenty-four hours a day, seven days per week post assignment. The mobile patrol is assigned areas which are all state property including the perimeter fence, security checks of warehouse inner and outer, hazmat building, dog kennels, parking lots and all parked security vehicles. Towers I and II are manned twenty-four hours per day seven days per week and are equipped with a 12-gauge shotgun and an AR-15 rifle. Tower 1 also has a nock weather radio and emergency keys. WRSP has ten high mass lights with each having six 1000-watt HPS lamps on them. Each includes a timer which can be set to come on at different hours throughout the year. There is additional lighting consistent with 150-watt HPS lights, 400 metal halide lights each on photo sensors.

Cameras are strategically located throughout the facility with video surveillance capabilities. Some of the cameras have pan tilt features. Most cameras are being recorded on DVR recording

system and mirrors are installed strategically for blind spots throughout the institution. Most offices are equipped with duress alarms that are linked to the Central Control.

A description of the facility's living units is as follows:

All living units in A Building includes showers adjacent to the dayroom. Offenders can utilize the shower without staff of the opposite gender observing their genitalia or buttocks as each shower is protected with a half door. Telephones, television and posted PREA materials are available to offenders in the living unit in the dayroom. Offenders can utilize the restroom in their cell as all cells have a toilet and sink within.

A-1 housing is a general population pod that houses 85 offenders who are institutional service workers which include kitchen workers, pod workers, laundry workers, and law library workers. These offenders are on a rotating work schedule that allows for the offenders to attend DCE and Religious programs.

A-2 is a double cell unit and is a step down from A-3 that houses offenders not in compliance with the Department's Offender Grooming Standards Policy. Offenders assigned to this pod have violated the departmental grooming standards. Offenders are afforded the opportunity to attend Thinking for a Change and Anger Management and DCE. All offenders assigned to this specialized pod are afforded programs in the unit which are facilitated by Counselor, Treatment Officer and DCE representative.

A-3 is a single cell unit and is the 1st phase for offenders not in compliance with the Department's Offender Grooming Standard and have been released from the Restrictive Housing Unit, offenders assigned get special privileges and will have to work through and complete programs offered to advance to the next phase (A-2 Pod).

A-5 and A-6 are orientation living units. All offenders are placed in one of these two units while waiting their classification assignment. Within the first hours of arrival to Wallens Ridge the offender will receive a formal one on one orientation packet and a detailed explanation of the material contained in the package from their assigned counselor. The offender will also have the opportunity during the orientation session to ask any question they have in reference to the orientation process. During the first 180 days of arrival at Wallens Ridge the offender will receive a formal departmental head orientation to the institution. While in orientation, offenders will learn about various programs, services, policies, rules and culture at WRSP. In addition, lectures from staff/dept. heads will be given in a group setting regarding pertinent information about their department. Throughout orientation offenders will begin a treatment process based on evidence-based practices that is designed first to help them to develop motivation to change. Introduction to orientation is also designed to be accomplished with the following: A screening/assessment to identify goals, risks, and needs utilizing the COMPAS instrument, and a case plan that is supported with a Behavior Contract that indicates what is expected of the inmate and identifies services available to help meet offender goals. Orientation programs will be evidence based to include Thinking for a Change, Anger Management for SA and MH Clients, and cognitive based self-study workbooks. Texas Christian University Case Plan Process Counselors will employ the RNR principal to properly match the level of service to the offender's risk level. In building case

plans that address risks and needs calls for linking offenders with appropriate correctional interventions, services and programs to reduce risk.

B Building Re-entry

All living units in B Building includes showers adjacent to the dayroom. Offenders can utilize the shower without staff of the opposite gender observing their genitalia or buttocks as each shower is protected with a half door. Telephones, television and posted PREA materials are available to offenders in the living unit in the dayroom. Offenders can utilize the restroom in their cell as all cells have a toilet and sink within.

B building is the re-entry Cognitive Change Program housing unit titled “Bridges Not Walls” that houses offenders who are ready to return to society. The re-entry Cognitive Change Program is designed to develop and teach offender skills in facing and overcoming barriers upon release. The facility’s vision is to present offenders with the best prospect to participate in all available programming and educational opportunities for a successful transition to home and the community.

The program is the centerpiece for empowering the offender in their own rehabilitation by coming from behind the walls of incarceration to building bridges to the community. The facility is committed to helping offenders build bridges that connect to families and communities who can share the common goal of making the return to society a success.

The staff in B building also offers an environment conducive to the needs of “life” offenders. The offender’s needs are identified in the initial COMPAS assessment completed on each offender upon arrival into the adult correctional system. The COMPAS assessment identifies specific needs such as educational, vocational, medical, mental health for the development of a treatment plan for each offender. Offenders will have completed “Thinking for a Change” during their orientation phase upon arrival at WRSP.

B-1,

The needs of offenders serving life sentences and 5-years, or more are addressed in the general population settings offered in B-1. Offenders housed in these pods make up a substantial portion of the offenders participating in DCE programs which addresses both educational and vocational needs. The major focus of these pods is to assist offenders in the development of educational skills, work discipline and better social skills, which in turn produces a more manageable offender. These pods are afforded religious services, recreational activities, visitation and other pro social activities. B1 is a general population pod that is dedicated to promoting a healthy adjustment to institutional living.

B-2, B-3, B-4 and B-5 Pods

B2, B3, B4 and B5 are pods for offenders identified as re-entry offenders. Offenders in the pods will return to society within the next two years. The offenders are allowed additional amenities beyond the normal population to enhance the pro social environment and the development of

better life skills. These re-entry pods are separated into two phases. Phase 1 re-entry consist of B2, B4 and B5 mainly focusing on cognitive based programming designed to prepare offenders transitioning to the community. Phase 2 is B-3 (single cell) mainly housing offender mentors. Offenders housed in these pods are afforded numerous educational, vocational and cognitive based programs as well specialized learning groups to increase awareness of specific goals and needs before returning home.

B-6 is a general population living unit utilized for educational opportunities, titled “The Book Pod” (Building Opportunities of Knowledge). Offenders housed in this pod are afforded the opportunity to receive their education. Offenders selected for this pod must have earned the privilege of being housed in this pod. They must exhibit pro social behaviors consistent with a positive response to Evidence Based Practice and offender programming. Offenders are also given the opportunity to attend Thinking for a Change and Anger Management.

Collaboration with associated state agencies including Virginia Employment Commission, Housing Authority, Social Security Administration and VA Cares as well as the Southwest Virginia Reentry Council assist offenders in making a smooth transition back into society.

C Building - general population with specialized programming

All living units in C Building includes showers adjacent to the dayroom. Offenders can utilize the shower without staff of the opposite gender observing their genitalia or buttocks as each shower is protected with a half door. Telephones, television and posted PREA materials are available to offenders in the living unit in the dayroom. Offenders can utilize the restroom in their cell as all cells have a toilet and sink within.

C-1 pod houses regular general population offenders. The offenders are afforded the opportunity to attend Thinking for a Change and Anger Management.

C-2 Pod is double occupancy and is Phase 3 of the Steps to Achieve Reintegration (STAR), this pod is designed to get the offenders assigned used to having an assigned cell mate who they are classified and compatible with; to assist the offenders in transitioning to a general population setting.

C-3 pod is single cell occupancy and is utilized for Phase 1 and Phase 2 of the Steps to Achieve Reintegration (STAR). The STAR program is designed to have four steps to help offenders move from segregation to general population. This housing unit provides WRSP the opportunity to develop positive-growth, achievements and obtainable goals for offenders with documented history of refusing assignments to general population.

C-4 Pod houses 22 offenders in a single cell occupancy setting and is utilized as Phase 1 of the Shared Allied Management (SAM) program. This housing unit provides WRSP the opportunity to coordinate the housing, treatment, and management of mentally and medically vulnerable offenders in a Security Level 5 setting. The program promotes safety and security while avoiding unnecessary assignments to segregation for difficult to manage vulnerable mental health and

medical offenders. The goals of the program are to facilitate the stabilization of offenders who are mentally ill, and to promote appropriate pro-social learning and interactions which foster non-criminogenic behavioral change. In addition, the pod is used to prevent psychiatric deterioration of offenders.

C-5 Pod houses 43 offenders in a double occupancy cell setting and is utilized as Phase 2 of the Shared Allied Management (SAM) program and is known as the SAM-Community. This housing unit provides WRSP the opportunity to coordinate the housing, treatment, and management of mentally and medically vulnerable offenders in a Security Level 5 setting. The program promotes safety and security while avoiding unnecessary assignments to segregation for difficult to manage vulnerable mental health and medical offenders. The goals of the program are to facilitate the stabilization of offenders who are mentally ill, and to promote appropriate pro-social learning and interactions which foster non-criminogenic behavioral change. In addition, the pod is used to prevent psychiatric deterioration of offenders.

C-6 Pod houses 88 offenders and is a general population living unit. Offenders housed in this pod make up a substantial portion of the offenders participating in DCE programs which address both educational and vocational needs. The major focus of this pod is to assist offenders in the development of educational skills, work discipline and social skills, which in turn produces a more manageable offender. This pod affords religious services, recreational activities, visitation and other pro social activities. The living unit is dedicated to promoting a healthy adjustment to institutional living.

Restrictive Housing Unit

All living units in D Building includes showers adjacent to the dayroom. Offenders can utilize the shower without staff of the opposite gender observing their genitalia or buttocks as each shower is protected with a half door. Telephones, television and posted PREA materials are available to offenders in the living unit in the dayroom. Offenders can utilize the restroom in their cell as all cells have a toilet and sink within.

D-1, D-2, D-4, D-5, D-6 Pods are utilized for special purposes including general detention, restrictive housing and step-down statuses; normal usage is as a housing unit to separate offenders from full privilege general population. Programs offered are RHU Interactive Journaling. Offenders assigned to this unit go through a complex and detail classification and reclassification process with a Multi-Disciplinary Team (MDT) which consist of the Chief of Housing and Program, Mental Health Clinician, and Counselor. The MDT decides whether the offender progresses through the step down through a consideration of their actions or behaviors. RHU Step-down 1 and RHU Step-down 2 are general population units operating with increased privileges above Restrictive Housing but more control than full privilege general population. D-3 Pod is utilized as the High Security Diversion Treatment Program (HSDTP) unit which is designated for offenders who have been identified with a Serious Mental Illness (SMI). The unit operates with structured security regulations and procedures and provides programming and treatment services conducive with evidence-based treatment protocols and individualized treatment plans.

Supervision of the offender population is conducted both remotely and directly by trained security staff. The Wallens Ridge State Prison is supervised 24/7 by Correctional Officers on 4 different shifts. Each shift works 12 hours to ensure constant supervision of the offender population. Offenders eat in one of two dining halls or inside their living unit, dependent upon the offenders housing assignment. Laundry and commissary services are delivered to the population inside their living unit. The facility offers both indoor and outdoor recreation to the population. Each living unit attends recreation as a unit.

The facility kitchen is operated by 9 VA DOC kitchen staff with 2 security staff members present during operating hours. Twenty-four offenders are employed by the facility to work in the kitchen. Access to restrooms, walk-in refrigerators, freezers, dry storage and other storage rooms is strictly controlled by the security staff. Only one offender at a time is allowed access to these rooms.

The facility offers both contact and non-contact visitation to offenders. The visitation area is supervised by security staff during visitation. Offenders attend non-contact visitation on Wednesdays from 8:30 a.m. to 2:30 p.m. Offenders can visit in the non-contact area for one hour. Offenders attend contact visitation on Saturdays and Sundays from 8:30 a.m. to 2:30 p.m. Offenders can visit for one hour each day during contact visitation.

On the first day of the Audit there were 1060 offenders incarcerated at the Wallens Ridge State Prison, all offenders were male. At the time of the audit the average length of staff was 619 days. The age of the youngest offender was 18 while the oldest was 72. The age percentage of the inmate population was as follows:

Age	Percentile
<18	0%
18-19	.1%
20-29	30.8%
30-39	37.3%
40-49	18.8%
50-59	9.5%
60-69	3%
70+	.5%

The age and race demographics were as follows:

	Asian	Black	Hispanic	White	Unknown	Total
18-19	0	0	1	0	0	1
20-29	0	263	11	53	0	327
30-39	0	283	13	99	0	395
40-49	2	125	0	71	1	199
50-59	0	65	1	35	0	101
60-69	0	16	1	15	0	32
70+	0	2	0	3	0	5
Total	2	754	27	276	1	1060

Summary of Audit Findings

The Auditor found the facility's staff appeared to be well trained in the facility's policies and procedures regarding prevention, detection, and response to sexual abuse and sexual harassment incidents. Staff formally and informally interviewed by the Auditor were knowledgeable regarding the agency's policies, maintained the information provided during training and understood their roles in prevention, detection and response to sexual abuse and sexual harassment allegations. Both security and non-security personnel understood their roles as first responders to incidents of sexual abuse. The Auditor found the facility's sexual abuse and sexual harassment training and zero-tolerance efforts of the command staff have established a successful zero-tolerance culture in the facility. The Auditor believes a successful zero-tolerance culture cannot be achieved without the support of command staff.

The Auditor determined the offender population understood the avenues available for reporting allegations of sexual abuse and sexual harassment. The offender population was able to articulate information related to the facility's comprehensive education and information provided to offenders upon booking. The population appeared to be knowledgeable regarding the agencies sexual abuse and sexual harassment response policies. Most of the population interviewed praised facility staff and leadership for their level of professionalism. The offender population felt safe within the facility and had confidence in staff's ability to protect them from and respond to sexual abuse and sexual harassment. Several offenders stated the WRSP is the safest place they had ever been incarcerated in.

Facility staff and offenders were receptive and respectful to the Auditor. Facility staff were very helpful in providing additional documentation for the Auditor when asked. The Auditor observed a satisfactory sanitation level in all areas of the facility. There were no major complaints made to the Auditor by the offender population. All areas of the facility were made accessible to the Auditor during the tour and another other time when asked by the Auditor.

After conducting the audit of the Wallens Ridge State Prison the Auditor found the facility's leadership takes a proactive approach in making prevention, detection, and response to sexual abuse a priority in the facility. The facility's zero-tolerance culture is not only held by staff, it is also spread throughout the offender population. Offenders informed the Auditor staff do not tolerate sexual abuse of sexual harassment and they have not seen or heard of it happening at the facility because the facility has strict control and accountability practices. The Auditor found the Warden and his staff makes compliance with the Prison Rape Elimination Act standards a top priority.

The Auditor made a recommendation to the Western Regional PREA Analyst regarding the agency's contract with the Mountain State Health Alliance. The contract with this organization allows a Sexual Abuse Nurse Examiner to perform forensic examinations at the WRSP. The contract states the WRSP will "ensure" a victim of sexual abuse does not take actions to destroy forensic evidence. The Auditor recommended the facility change the word "ensure" to "request."

The Auditor met with all 4 facility sexual abuse investigators and discussed the process of credibility assessments, report writing and prosecution efforts. Each investigator performs a credibility assessment of alleged victims, aggressor and witnesses. The Auditor gave recommendations to strengthen investigative reports.

Final Audit Report Results:

Number of Standards Exceeded: 2
Number of Standards Met: 43
Number of Standards Not Met: 0

Summary of Corrective Action (if any)

There were no corrective actions determined during this audit.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has established a policy that prohibits fraternization, and sexual misconduct. The VADOC's operating procedure 135.2 mandates a "zero tolerance for all forms of sexual abuse and sexual harassment" Agency policy includes definitions of the following:

- Abuse;
- Carnal Knowledge;
- Fraternization;
- Rape;
- Sexual Abuse;
- Sexual Assault;
- Sexual Harassment;
- Sexual Misconduct; and
- Voyeurism

The agency's policy includes prevention, detection and response steps to assist in its efforts towards creating a zero-tolerance culture. The policy includes, but is not limited to, the following prevention, detection and response techniques:

- Offender Training;
- Employee and Volunteer Training;
- Employee, Contractor and Volunteer Screening;
- Offender Screening;
- Responsibilities for Offenders;
- Responsibilities for Staff;
- Written Institutional Response Plan;
- First Responder Duties;
- Investigations;

- Reporting to Offenders;
- Protections against Retaliation; and
- Management of Sexual Aggressors.

The VADOC has a policy requiring each facility to designate a PREA Compliance Manager. The Director has designated an agency PREA Coordinator. Each region in the Virginia Department of Correction's agency is required to maintain a regional PREA Analyst, and a PREA Coordinator.

The Wallens Ridge State Prison has designated the Institutional Operations Manager as the person responsible for maintaining PREA compliance at the facility level. The Institutional Operations Manager reports to the Western Region PREA/ADA Analyst for PREA related issues and compliance. The Western Region PREA/ADA Analyst reports to the PREA/ADA Supervisor who oversees PREA compliance for the Virginia Department of Corrections.

Evidence Relied Upon:

Policy – 038.3 pg. 4-14

Policy – 135.2 pg. 3

Organizational Chart

VDOC Work Description and Performance Plan – PREA/ADA Analyst

VDOC Work Description and Performance Plan – PREA/ADA Supervisor

VDOC Work Description and Performance Plan – Institutional Operations Manager

Memorandum for facility PREA Compliance Manager selection

VDOC PREA & ADA Compliance Contact List

Staff Interviews

Offender Interviews

Analysis/Reasoning:

The Auditor conducted a review of the Virginia Department of Correction's zero tolerance policy. The policy is detailed and includes its prevention, detection, and response approaches towards sexual abuse and sexual harassment toward offenders.

The Auditor reviewed the agency's Organizational Chart. The Organizational Chart outlines the titles of those assigned to perform the duties of PREA Coordinator and PREA Compliance Manager. The Institutional Operations Manager is employed at a level in the Wallens Ridge State Prison to develop, implement, and oversee agency efforts to comply with the Prison Rape Elimination Act. The Institutional Operations Manager can report directly to the Warden and Western Region PREA/ADA Analyst for PREA related issues, concerns, ideas, etc. if the need arises.

Work Description and Performance Plans reviewed by the Auditor outline PREA compliance related duties and responsibilities for those assigned each role. The plans specify the duties at each specific level and include the employee's immediate supervisor. The Auditor could clearly establish the chain of command that allows for the employee to take steps to improve or address PREA related compliance efforts and/or responses.

The Auditor discussed the PREA Coordinator and PREA Compliance Manager's ability to develop, implement, and oversee the facility's PREA efforts. Both have enough time and authority to ensure PREA efforts are appropriately developed and implemented. The Auditor observed evidence of such prior to and during the onsite visit. The PREA Compliance Manager responded to the Auditor's questions, concerns, and recommendations before and during the site visit. The Auditor made several requests for additional information prior to arriving at the facility. The PREA Compliance Manager responded quickly to the Auditor's requests. The PREA Compliance Manager and PREA Coordinator were both knowledgeable with the requirements of the Prison Rape Elimination Act standards.

The Auditor conducted both formal and informal interviews with random and targeted offenders. The Auditor was able to determine the agency has successfully created a zero-tolerance culture towards sexual abuse and sexual harassment. That culture has resonated from the upper level staff to the lower level facility staff. The offender population understood and articulated the agency's policies towards prevention, detection and response towards sexual abuse and sexual harassment. The offender population had been provided information and been appropriately educated regarding such. Offenders informed the Auditor they watched a PREA video during intake into the Agency and again upon arrival at the WRSP. Offenders stated they had been provided the information at each DOC facility they were incarcerated.

Offenders interviewed by the Auditor felt safe in the Wallens Ridge State Prison. The inmate population informed the Auditor the facility takes sexual abuse and sexual harassment seriously and had confidence in staff's abilities to respond appropriately to acts of sexual abuse and sexual harassment. Numerous offenders informed the Auditor the WRSP was the safest prison they had been in. Movement of the population is strictly monitored by staff. The Auditor asked each offender if he believed staff would keep allegations confidential after reporting an allegation. Most offenders informed the Auditor they felt there are staff they could report to and were confident the allegation would be held in confidences after reporting. Each offender was asked if he had heard of an incident of sexual abuse occurring at the WRSP. No offender stated he had heard or witnessed an incident of sexual abuse at the facility. Offenders informed the Auditor staff are very professional and respond to incidents appropriately.

The Auditor conducted both formal and informal interviews with facility staff. Facility staff was well trained and understood the agency's policies and procedures towards prevention, detection, and response to sexual abuse and sexual harassment. Staff was asked who they discuss allegations of sexual abuse and sexual harassment to. Staff informed the Auditor they report to supervisors or investigators and do not discuss the details with anyone else. Staff were aware the facility has a written policy prohibiting them from discussing incidents with anyone without a "need to know." Staff informed the Auditor they review the facility's PREA policy annually during their in-service training.

The facility's command staff maintains an "open door" policy in which a staff member can approach and discuss PREA related concerns, comments, recommendations, allegations, etc. The Auditor asked random staff if they felt comfortable reporting an allegation of sexual abuse to a command staff member if need be. Each staff member stated they did feel comfortable in

doing such. During interviews the Auditor asked staff how they would privately report an allegation of sexual abuse against a command staff member. Staff informed the Auditor they would report to the next person in the chain of command or use the “800 number.”

The Auditor conducted interviews with several command staff members, including the Warden. Command staff maintain an open-door policy to all staff and make PREA compliance a top priority. The Auditor felt the zero-tolerance culture could not be achieved without support of the facility’s command staff. The command staff clearly support employees in their efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Conclusion:

The Auditor conducted a thorough review of the agency’s policies and procedures, Organizational Chart, Job Descriptions, and interviewed staff and offenders. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency’s and facility’s PREA efforts. The WRSP has successfully created a zero - tolerance culture towards all forms of sexual abuse and sexual harassment.

The agency has not only designated an agency wide PREA Coordinator and a facility PREA Compliance Manager, but also designated a regional PREA Analyst who works directly with the facility’s PREA Compliance Manager at facilities within the region. The zero-tolerance culture is evident amongst facility leadership and subordinate staff. The zero-tolerance culture has “spread” from staff to the offender population. The offender population informed they feel safe in the facility and some reported the WRSP was the safest prison they have ever been incarcerated in. Offenders informed the Auditor sexual abuse was taken very serious in the facility. The Auditor determined the facility exceeds the requirements of this standard.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy that requires contracts with other agencies for the confinement of inmates include provisions to comply with PREA standards. The policy requires any facility or jail that contracts or renews a contract for confinement of VA DOC inmates to include an obligation of the facility or jail to comply with PREA standards. The Agency's policy allows for the VA DOC to enter a contract with a private agency or other entity who may not be PREA compliant only in emergency circumstances. The policy requires the documenting of unsuccessful attempts to locate an agency in compliance with PREA standards.

Evidence Relied Upon:

Policy – 038.3 pg. 4

Policy – 260.1 pg. 8

Contract with GEO Corrections & Detention, LLC.

Lawrenceville Correctional Center

Contract extensions

Analysis/Reasoning:

The Virginia Department of Corrections contracts for confinement of its inmates with GEO Corrections & Detention, LLC. The GEO Group operates a private prison in Lawrenceville, Virginia. The prison is designed to hold up to 1,536 inmates for the Virginia Department of Corrections. The auditor reviewed the PREA Audit report of the Lawrenceville Correctional Center. The facility's last posted audited report was in October 2016. This facility was audited in 2019 and the report is still pending.

The Auditor reviewed the contract between the Virginia Department of Corrections and GEO Corrections & Detention, LLC. The Auditor reviewed the contract entered in March 2013 and all contract extensions since. Each contract and extension included provisions for the GEO Group to adopt and comply with the Prison Rape Elimination Act.

The Virginia Department of Corrections houses offenders in local and regional jails across the state. There is no written agreement between the facilities and the Virginia Department of Corrections. Virginia Code allows for the confinement of VA DOC offenders in those facilities. Each facility confining VA DOC offenders is required to individually comply with the Prison Rape Elimination Act standards.

Conclusion:

The Auditor reviewed agency policies, contracts and contract renewals with the GEO Group. Agency contracts and renewals for confinement of VA DOC offenders included the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Virginia Department of Corrections meets the requirements of this standard.

Standard 115.13: Supervision and monitoring**115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy which requires each facility in the agency to comply with a staffing plan that provides for adequate levels of staffing and video monitoring to protect offenders from sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);
- The composition of the offender population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

Facility staff is required by agency policy to document and justify any deviations from the staffing plan when the staffing plan is not complied with. The facility (in consultation with the PREA Coordinator) is required by policy to assess, determine, and document whether adjustments are needed to the staffing plan at least once each year. Agency policy requires the facility to complete the annual review by January 31st. Policy requires the facility conduct the review to determine if adjustments are needed to the following:

- The facility's established staffing plan;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

Agency policy requires facility's post orders mandate Lieutenants and above conduct unannounced security rounds to identify and deter staff sexual abuse and sexual harassment.

The requirement applies to both day and night shifts. Lieutenants and above are required to document unannounced rounds. Staff are prohibited from alerting other staff that supervisory rounds are occurring.

Evidence Relied Upon:

Policy – 401.1 pg.3

Policy – 401.2 pg. 4-5

Policy – 401.3 pg. 4-5

Staffing Plan

WRSP Post Audit

Duty Rosters

Annual Staffing Plan Analysis

Unannounced Rounds Log

Interviews with Staff

Interviews with Offenders

Observations

Analysis/Reasoning:

The Auditor reviewed the facility's staffing plan review conducted by the Warden. The staffing plan review included participation of the PREA Compliance Manager and was submitted to the Western Region PREA/ADA Analyst. The Auditor also reviewed the facilities previous annual review conducted in January 2018. The PREA Compliance Manager participated in that review and it was submitted to the Western Region PREA/ADA Analyst by the Warden.

During reviews of employee records and interviews with staff the Auditor discovered many staff are long term employees. The Auditor spoke to many staff who were hired before the facility opened and were still employed. Command staff report the Wallens Ridge State Prison has a low "turn-over" ratio.

The Auditor reviewed the facility's post audit. The post audit is utilized to calculate the number of full-time positions needed to staff facility security posts. The most recent post audit revealed a need of 349.16 full-time employees to staff security posts in the facility. The current staffing plan is predicated utilizing the average daily offender population of 1063. The previous year's review revealed the facility operated with an average staff vacancy rate of 2.14%. At the time of the audit there were 12 security and 7 non-security positions vacant. At the time of the audit the facility maintained a staffing ratio of 1 staff member for every 3.2 offenders. The facility has a written draft procedure to ensure vacant positions are filled.

The facility's staffing plan includes provisions for administrative, support, and security positions on all shifts in all facility areas. Any daily deviations from the staffing plan are documented by the Shift Commander on the Daily Duty Roster. The Auditor reviewed multiple duty rosters from the previous 12 months. Notations were made by the Shift Commander on each daily form reviewed for staff who were not present for duty. The Daily Duty Rosters included staff whom were working for absent staff.

The review team considered and documented all elements as required in PREA standard 115.13. Evidence of video monitoring systems was observed within the annual staffing plan review report. The review team discussed the proposed staffing plan and submitted recommendations when warranted. The 2019 staffing plan was considered adequate by command staff.

The facility's staffing plan appears adequate to provide protection to offenders from sexual abuse. During a tour of the facility the Auditor observed staff making security rounds in living units and support areas of the facility. Security and contract staff were observed conversing professionally with the offender population. The Auditor observed camera placements throughout the facility. Cameras were strategically placed to assist in the prevention, detection, and response to incidents of sexual abuse.

While touring the facility the Auditor observed notations of unannounced supervisory rounds throughout all facility living units. All supervisors document their unannounced security rounds in the unit's PREA Logbook. The Auditor reviewed numerous PREA Logbook samples for the previous 12-month period. Notations of facility supervisor's unannounced rounds were observed by the Auditor.

The Auditor conducted formal and informal interviews with staff and supervisors from each shift. Staff was asked if supervisors conduct unannounced rounds throughout the facility. Each staff reported that supervisors do make unannounced security rounds. Supervisors informed the Auditor they make unannounced rounds throughout the entire facility. The Auditor asked supervisors how they keep staff from alerting other staff when they are making unannounced rounds. Supervisors informed they do not inform staff when they make rounds. They stated rounds are conducted at irregular intervals and the route taken by the supervisor varies for each round conducted.

The Auditor asked supervisors what actions they would take if they caught a staff member alerting other staff of their unannounced rounds. The Auditor was informed they would speak to the staff member on the first incident; if the staff member was caught a second time, they would begin formal discipline procedures. The Auditor asked staff if they notify others of supervisory rounds. Staff was aware they are prohibited from alerting other staff of supervisory rounds.

The Auditor conducted formal and informal interviews with offenders. Offenders were asked if supervisors always announce their presence when entering a housing unit. Offenders informed the Auditor supervisors do not announce their presence when entering housing units. The facility currently has all male supervisors which are not required to announce their presence in a male living unit. The responses to this question confirm supervisors are making unannounced rounds through the facility. The Auditor asked offenders if they feel safe in the facility. Offenders informed the Auditor they do feel safe in the facility. Many offenders interviewed informed the Auditor staff are very professional and respond to incidents and offenders appropriately. Offenders reported they do see staff coming in and out of the living and support areas in the facility.

The facility was under no consent decrees, and had no judicial findings of inadequacies, or findings of inadequacies from a federal, internal, or external oversight body.

Conclusion

The Auditor concluded the facility has an adequate staffing plan to ensure the protection of offenders from sexual abuse. The Auditor reviewed policy and procedures, WRSP Staffing Plan, Unannounced Rounds, Duty Rosters, annual staffing plan review, made observations, and conducted interviews with staff and offenders. The facility conducts an annual staffing plan review as required by this standard. The Auditor determined the Wallens Ridge State Prison meets the requirements of this standard.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Auditor Discussion:

The agency has a policy which requires youthful offenders be housed separate from adult offenders and away from sight, sound or physical contact with adult offenders. In cases where a youthful offender may have sight, sound or physical contact with an adult offender, direct staff supervision is required. The policy requirement extends to shared dayroom and other common spaces, shower areas, and sleeping quarters.

The Virginia Department of Corrections provides specialized housing arrangements for youthful offenders to meet these requirements.

Evidence Relied Upon:

Policy – 038.3 pg. 6
Policy – 425.4 pg. 4
Policy – 425.4RH pg. 4
Population Reports
Interviews with staff
Interviews with offenders

Analysis/Reasoning:

The Auditor reviewed facility population reports from the past 12 months. Population reports reviewed by the Auditor revealed all offenders were 18 years of age or older. The Auditor found no evidence of a youthful offender or an offender under the age of 18 who was tried and certified as an adult offender during the previous 12 months.

The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they have not incarcerated a youthful offender at the Wallens Ridge State Prison. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified and tried as an adult. Staff were not aware of any offender housed as such. The Auditor asked offenders in formal interviews if they were aware of a youthful offender being housed in the facility. No offender was aware of such.

The Auditor interviewed staff members who supervise offenders in the segregation housing area. The Auditor asked if a youthful offender has ever been housed in the segregation housing unit. The Auditor was informed the facility has never housed a youthful offender in the segregation housing unit. Staff stated youthful offenders are identified during the offender’s intake process at the agency level and housed in a facility designated to house youthful offenders.

Conclusion:

The Auditor reviewed agency policies and procedures, WRSP population reports, and interviewed staff and offenders to determine the facility meets the requirements of this standard. The Wallens Ridge State Prison has not housed a youthful offender during this audit period.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The VA DOC has a policy which prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. When body cavity searches are performed by medical professionals at least one security staff member of the same sex as the inmate is required to be present. Policy prohibits cross-gender pat-down searches of female inmates by male security staff except in exigent circumstances. Policy requires searching staff to complete and submit an Internal Incident Report after conducting a cross-gender pat-down search of an inmate. The VA DOC permits female security staff to conduct cross-gender pat-down searches of male inmates. Policy requires all cross-gender strip searches be documented.

The VA DOC policy requires facilities to allow inmates the opportunity to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy prohibits staff from conducting a cross-gender strip search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If staff cannot determine an inmate's genital status, they are to determine by interviewing the inmate, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

VA DOC policy requires all Post Orders include instructions requiring staff to announce their presence when entering an inmate living unit which houses inmates of the opposite sex of the staff member.

Evidence Relied Upon:

Policy – 350.2 pg. 9
Policy – 401.1 pg. 2-3
Policy – 401.2 pg. 4
Policy – 445.1 pg. 13-16
Policy – 720.2 pg. 6
Policy – 801.1 pg. 3
Training Curriculum
Training Rosters
PREA Logbooks
Classification Records
Interviews with Inmates
Interviews with Staff
Observations

Analysis/Reasoning:

The Auditor reviewed shift rosters of each shift. All 4 shifts maintained enough male staff to ensure offenders are searched by a staff member of the same sex. The Wallens Ridge State Prison does not house female Offenders. The Auditor verified no females were housed in the facility while touring each living unit and interviewing staff and offenders. The Auditor conducted formal and informal interviews with male offenders from each of the facility’s living units. The Auditor conducted formal and informal interviews with male and female staff members from each shift.

Interviews with offenders reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. Offenders stated staff of the opposite gender announce their presence when entering living units. Offenders were asked if female staff conduct strip searches in the prison. No offender had seen or heard of female staff conducting strip searches. The Auditor asked if female staff were present when strip searches were being performed. Offenders were not aware of such practice.

Interviews with female staff members reveal they do perform cross-gender pat-down searches but not strip searches. Medical staff perform visual body cavity searches. The Auditor asked each staff member if offenders were able to shower, perform bodily functions, and change clothes without them seeing the offenders do so. Each staff member interviewed stated “yes.” The Auditor asked each female staff member if they announce their presence when entering a living unit of the opposite gender. Each female staff member stated they do announce their presence when entering opposite gender living units. Most announcements are made by the control operator prior to the female entering the living unit.

The Auditor conducted an interview with an offender who identified as transgender. The transgender offender stated staff did not conduct a strip search to determine genital status. The

Auditor asked the transgender offender to explain how staff conduct pat down and strip searches. The offender informed female staff always conduct the pat-down search. The offender informed the auditor he has submitted an exception form. Once the exception form is approved by the agency the offender will be strip searched by a female staff member. Until such time, the offender is strip searched by a male staff member. The transgender offender has recently begun the process and will be taken hormone treatments. The Auditor was informed staff are professional when interacting with the offender. The offender was asked if staff allow the offender the opportunity to shower separately from other offenders. Staff allow the offender to take showers once the living unit is "locked down."

The Auditor questioned randomly chosen staff about searching transgender and intersex inmates. Staff were asked if they had been trained how to conduct cross-gender searches. Each male and female security staff member stated they had been trained to conduct cross-gender searches.

Each randomly selected staff member was asked if they would perform a strip search of a transgender or intersex inmate to determine genital status. The Auditor was informed staff would not conduct such a search. Most staff informed they would ask the offender before conducting such a search. All randomly selected staff was aware medical personnel would have to perform a search of this type.

The facility reported no cross-gender strip or cross-gender visual body cavity searches conducted during the previous 12 months. Female security staff can conduct cross-gender pat-down searches but not cross-gender strip searches, unless exigent circumstances exist. Male staff are assigned to the booking area to conduct booking procedures of new arrivals and releases or transfers. Staff are required to document any cross-gender strip searches on an Incident Report.

The Auditor conducted a detailed tour of the facility and was granted access to all offender living units and other support areas. The Auditor observed all shower and restroom areas in the facility. All showers have half doors to allow offenders the opportunity to shower without a staff member of the opposite sex seeing their buttocks or genitalia. Offender living units have toilets inside of each cell. Other areas in the facility with offender living units have half walls to allow for privacy when using the restroom. Offenders can utilize the restroom and change clothes without staff of the opposite gender viewing their buttocks or genitalia. In addition to staff making opposite gender announcements prior to entering an offender living units, each living unit has a digital board on the dayroom wall. The digital board scrolls the announcement of the opposite gender staff member entering the living unit.

The Auditor conducted a review of the facility's training curriculum and training rosters. The institutional search training includes a section on LGBTI searches. This section includes language requiring staff to conduct such searches professionally and in the least intrusive manner. The search training includes the following:

- Relevant policies;
- Definitions;

- Authorized search methods;
- Refusals to submit to a search;
- LGBTI searches; and
- Search simulations.

The Auditor reviewed training records and verified all security personnel had attended an initial training to conduct searches, including cross-gender searches. Each security staff member attends a PREA refresher every year. The refresher training includes cross-gender search training annually. Staff acknowledge in writing of their understanding of the training they received.

The Auditor conducted a review of the facility's PREA Logbooks. PREA Logbooks are maintained on each living unit to document announced rounds by opposite gender staff. A review of logbooks revealed staff are documenting opposite gender announcements when entering living units. Interviews with offenders confirmed female staff are announcing their presence when entering living units.

Conclusion:

The Auditor concluded staff had been appropriately trained to conduct cross-gender searches and make opposite gender announcements when entering offender living units. Offenders can shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender offenders professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, classification records, made observations, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The agency has a policy which requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:

- Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and
- Providing written materials in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The facility's policy states the DOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Agency policy prohibits utilizing offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of the first-responder duties or the investigation of the offender's allegations.

Evidence Relied Upon:

Policy – 038.3 pg. 7-8
Zero Tolerance Brochure
Language Line Service
Comprehensive Education Video
Offender Training Acknowledgement
Interviews with Staff
Interviews with Offenders
Observations

Analysis/Reasoning:

The Auditor reviewed the facility's Zero-Tolerance Brochure which is provided by the booking officer during the intake process. The brochure is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. In the event the facility receives an offender who is blind or has low vision the facility ensures a staff member reads the PREA information to the offender. The facility will assign a staff member to ensure an offender with intellectual or psychiatric disabilities understands the facility's PREA information through a one-on-one session with the offender. The facility has the option to transfer those offenders to another DOC facility if need be.

Offenders who cannot read English or Spanish can benefit from the facility's PREA information through use of the Language Line Service. The facility maintains a contract with a company who provides translation services through the telephone. The agency's Offender Handbook is maintained in English, Spanish and in Braille. The WRSP employs bilingual staff who can interpret for non-English speaking offenders.

The facility's comprehensive educational video is maintained on a CD. The video is closed captioned for the deaf or hard of hearing. Comprehensive education is provided on a one-on-one basis to offenders who have a disability which would restrict the offender from otherwise benefiting from the educational video. All offenders in the facility are provided the written information during the booking process and sign the Offender Training Acknowledgement form. The Wallens Ridge State Prison does not house offenders who are deaf or blind.

Facility staff plays the comprehensive educational video to offenders in the booking area upon arrival. Offenders informed the Auditor the video plays on a continuing loop in the living units. The Auditor reviewed 26 files prior to arriving on site and requested the files of 40 offenders after arriving on site. All 66 offenders had signed the Offender Training Acknowledgement form denoting they had watched the comprehensive educational video. During interviews with offenders the Auditor discovered several reported they had not seen the comprehensive educational video during the booking process at the WRSP. Those were long term offenders. The Auditor was able to determine those offenders were either played a video at another facility or were educated at the WRSP after the booking process.

There were no offenders who were deaf or hard of hearing for the auditor to interview. The Auditor did attempt to interview 3 offenders who had a cognitive or intellectual disability at the time of the Audit. The Auditor was unable to communicate with one of the offenders. The other two offenders were able to communicate and articulate an understanding of the agency's sexual abuse and sexual harassment policies and procedures.

The Auditor interviewed 2 offenders who were Limited English Proficient. Both offenders were Spanish speaking. The Auditor utilized a facility interpreter during the interview. Both offenders had been provided information and had watched the comprehensive education video. Both were well-aware of the agency's policies and procedures related to sexual abuse and sexual harassment. Both had been provided the information in Spanish and watched the video in Spanish.

The Auditor conducted formal interviews with facility staff members. Intake staff informed the auditor they provide the Zero-Tolerance Brochure to each offender as soon as the offender arrives. Offenders confirmed this during formal and informal interviews. The Classification Officer informed she discusses the agency's PREA policies and information with each offender during the orientation process. Offenders are given an opportunity to ask questions related to the PREA material with the Classification Officer. While conducting interviews of staff the Auditor asked if offenders interpreters are utilized by the facility. Each staff member informed the facility does not rely on offender interpreters.

The Auditor determined all offenders interviewed were knowledgeable regarding the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Offenders informed the Auditor facility staff provided appropriate assistance when needed and take allegations of sexual abuse and sexual harassment seriously. The Auditor determined the facility's staff is accommodating to the needs of the offender population and ensure each benefit from the agency's PREA information and educational materials.

The Auditor toured all areas of the facility. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each living unit. All posters and other posted PREA material were observed written in English and Spanish.

Conclusion:

The Auditor was able to conclude the facility provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are limited English proficient. The facility makes accommodations for offender with limited mobility due to illnesses such as cancer or other impairments. Facility personnel will accommodate any disabled offender's needs to ensure they received information and education related to sexual abuse and sexual harassment policies. The Auditor conducted a thorough review of the agency's policies and procedures, Zero-Tolerance Brochure, comprehensive educational video, Training Acknowledgement forms, made observations, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and
- Has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Agency policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with inmates. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. Criminal background records checks are required every 5 years on employees and contract staff, who may have contact with inmates and annually for those in sensitive specialist assignments.

The Agency asks all applicants who may have contact with inmates directly about previous misconduct as listed above, in the agency's written employment application. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct as listed above.

Employee Performance Evaluations include a continuing affirmative duty to disclose any acts of sexual misconduct. The agency's policy stipulates material omissions regarding such misconduct are grounds for termination. The policy also allows for termination for providing false information related to such conduct. Policy 057.1 requires the agency to furnish information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to any institutional employer to whom the previous employee has applied to work.

Evidence Relied Upon:

- Policy – 057.1 pg. 4
- Policy – 102.2 pg. 5
- Policy – 102.3 pg. 4
- Policy – 135.1 pg. 15
- Policy – 145.2 pg. 4-5
- Policy – 260.1 pg. 8
- VCIN Logbook
- Employment Applications
- Confidential Summary Background Investigation Report
- Employee Self-Assessment
- Background Investigations Unit Employment Verification
- Employee Personnel Records
- Contractor Records
- Interviews with Staff
- Interviews with Contractors

Analysis/Reasoning:

The Auditor reviewed the agency's employment application. The application includes the following questions:

- “Have you engaged in sexual abuse in an institutional setting where the term “institutional” refers to any facility or institution: (A) which is owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is: (i) for

persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility; (iii) a pretrial detention facility; (iv) for juveniles; (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care.

- Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2, above?"

The Auditor reviewed the employment applications of four staff members. One application was reviewed from each quarter of the 2018 year. Each applicant completed the questions as listed above. No applicant answered yes to any of the above questions. The Auditor also reviewed the applications of seven staff members who were promoted within the previous 12 months prior to the audit. The promotional applications reviewed dated back to March 2018. No staff member promoted answered yes to the questions listed above. Each staff member considered for promotion were asked the above listed questions prior to being promoted.

The Auditor asked to see the personnel records of employees who had previous experience working in a correctional environment. The facility had performed a criminal background check on each employee. The Auditor observed evidence an agency investigator contacted the employee's previous institutional employer. Facility personnel conduct a criminal background check through the Virginia Crime Information Network (VCIN) and National Crime Information Center (NCIC) on all candidates. A more in-depth background check is performed by agency personnel. Agency personnel complete a Background Investigations Unit Employment Verification Report prior to a candidate being offered employment. The report includes all aspects of the pre-employment investigation, including a criminal history records check and contact with an institutional employer. The Auditor observed documentation revealing the Background Investigator asked the previous employer about substantiated allegations of sexual abuse.

The Auditor asked for the employee records of 5 randomly chosen staff members. The Human Resources Officer assigned the performance of a criminal record background checks through the VCIN/NCIC after screening applications. A facility investigator completes Confidential Summary Background Investigation Report. The Auditor observed the 5 staff members in the VCIN/NCIC logbook. The VCIN/NCIC was performed on each of the 5 staff members during before offering employment. The Auditor compared the VCIN/NCIC logbook with the facility's list of current staff members. The logbook reveals a criminal background record check is being conducted on current and potential employees. VCIN/NCIC records show criminal background records checks being performed every 5-year checks and before promotions. The VCIN's were conducted on security and non-security personnel.

The Auditor reviewed records revealing criminal background record checks were conducted on contractors prior to enlisting the contractor's services. All criminal record background checks conducted through the VCIN Terminal are logged into a logbook by the staff member conducting

the VCIN. All names run through the system are electronically logged by the Virginia State Police.

The Auditor conducted interviews with contractors. Contractors informed the Auditor they sign a document allowing the facility to conduct a criminal records background check. Contractors were aware the facility conducts these checks every five years. Contractors stated they were asked about previous acts of sexual abuse and sexual harassment prior to performing services in the facility.

The Auditor spoke to a Human Resources staff member. Human resources provide information to other confinement facilities after receiving a request and a signed consent form of a prior WRSP employee. Human Resources will request a facility investigator to provide information related to a substantiated allegation of sexual abuse or sexual harassment and notify the other confinement facility of a resignation during a pending investigation of sexual abuse of a WRSP former employee.

All employees complete an Employee Self-Assessment annually. The self-assessment asks each employee the following questions:

- Have you ever engaged or attempted to engage in sexual abuse in an institutional setting;
- Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threat of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and
- Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described in 2)?

The Auditor reviewed the agency's employment application. The application requires applicants answer the questions as listed above. Each applicant must answer the question, or the application will not be electronically processed or submitted.

Three of the five personnel records reviewed were candidates who previously worked in an institutional setting. Each personnel file included the Background Investigation Unit Employment Verification form. Agency investigators included information related to acts of sexual abuse and sexual harassment on those forms. One of the five personnel records was an employee who had been promoted during this audit period. The employee submitted an employment application and had a criminal background records check conducted prior to the promotion. The application process required the employee to answer questions regarding previous acts of sexual abuse and sexual harassment.

Conclusion:

The Auditor concluded the Wallens Ridge State Prison is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies and procedures, background investigative records, criminal background

records documentation, personnel, and contractor records, and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

Facility staff reported the Virginia Department of Corrections has not acquired any new facility or planned any substantial expansion or modification of the Wallens Ridge State Prison during this audit period.

Evidence Relied Upon:

Policy – 801.1 pg. 2
Observations
Interviews with staff

Analysis/Reasoning:

The Virginia Department of Corrections has not designed or acquired any new facility during this audit period. The Wallens Ridge State Prison has not planned any substantial expansion or modification of its existing facility during this audit period. The facility has not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.

The Auditor conducted a thorough tour of the facility and observed camera placements throughout. Each area of the facility appeared to be original construction. All cameras throughout the facility appeared to have been in place for a significant time period.

The policy of the Virginia Department of Corrections is to consider the effect of the design, acquisition, expansion, or modification on the facility's ability to protect offenders from sexual abuse. Policy also requires consideration of how new installation or updates to existing video monitoring systems; electronic surveillance systems or other monitoring technologies may enhance the ability to protect offenders from sexual abuse.

Conclusion:

The agency has not made modifications of the Wallens Ridge State Prison or video monitoring technologies at the facility in the past 12 months. The facility upgraded its video monitoring technologies after its first PREA Audit. The Auditor determined the agency meets the requirements of this standard. The PREA Compliance Manager and Warden is aware of the requirement to consider sexual abuse and sexual harassment protections when planning for modifications.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy that requires all victims of sexual abuse access to forensic medical examinations at the Wallens Ridge State Prison, at no cost to the victim. Forensic medical examinations conducted at the Wallens Ridge State Prison are performed by a Sexual Assault Nurse Examiner. Policy requires victim advocacy from a rape crisis center. If an advocate from a rape crisis center is not available policy requires an advocate from a community-based organization or a qualified agency staff member.

Agency policy states the SIU follows a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.

The agency's policy allows the victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews if requested by the victim.

Evidence Relied Upon:

Policy – 030.4 pg. 10-11

Policy – 038.3 pg. 13

Policy – 720.7 pg. 5-6

Policy – 730.2 pg. 8

Ballad Health Russell County Hospital Contract

Virginia Sexual and Domestic Violence Action Alliance MOU

SANE Examination Reports

Interview with Sexual Assault Nurse Examiner

Interview with Investigator

Interview with Health Authority

Analysis/Reasoning:

The Virginia Department of Corrections conducts administrative and criminal investigations of allegations of sexual abuse and sexual harassment. Wallens Ridge State Prison staff conduct administrative investigations only. The agency's Special Investigation Unit personnel conduct the criminal investigations at the facility. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence.

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance. The Memorandum of Understanding is signed by a representative from the Virginia Department of Corrections and a representative from the community organization. The MOU has been renewed annually since its creation in May 2013. The MOU stipulates the following services will be provided to the Virginia Department of Corrections:

- Maintaining a toll-free Family Violence and Sexual Assault Hotline;
- Confidentiality to all callers, consistent with Federal and State law;
- Maintaining records of calls;
- Providing confidential crisis intervention and emotional support services to victims;
- Linking victims with accompaniment services during forensic exams and investigatory interviews;
- Providing training to VA DOC victim advocates;
- Conducting PREA training to VSDA staff; and
- Appropriate screening of VSDA staff.

The MOU with the Virginia Sexual and Domestic Violence Action Alliance stipulates the Virginia Department of Corrections will:

- Maintain the PREA Coordinator on-call 24 hours each day of the week;
- Conduct a minimum of 18 hours of training to statewide hotline staff;
- Conduct 6 hours quarterly training and technical assistance for the duration of the MOU;
- Provide internal victim advocates;
- Provide annual financial consideration for services; and
- Provide a contract monitor.

The Auditor reviewed the contract with the Ballad Health Russell County Hospital. The contract was created and signed September 1, 2013. The contract term is for 12 months and has been renewed annually since its creation. The Ballad Health Russell County Hospital contract stipulates the contractor will perform the following:

- Provide qualified, nationally registered, Virginia licensed Sexual Assault Nurse Examiners (SANE) to offender victims at the Keen Mountain Correctional Center, Red Onion State Prison and Wallens Ridge State Prison;
- Make a SANE available 24 hours per day, 7 days per week;
- Provide VA DOC medical departments with relevant phone numbers of SANES;

- Provide clinical oversight by a qualified licensed emergency physician;
- Dispatch the SANE to the identified VA DOC facility for arrival within 4 hours;
- Complete required documentation and submit the evidence collection kit to the VA DOC for transport to an appropriate crime lab for analysis; and
- Make the SANE available for legal proceedings.

The Ballard Health Russell County Hospital contract stipulates the VA DOC agrees to the following:

- Contact the contractor when a sexual assault victim has been identified;
- Isolate the victim and protect any evidence on the victim's person;
- Provide adequate security to escort the SANE in the facility;
- Provide a VA DOC nurse to assist the SANE during evidence collection;
- Provide adequate space for the examination; and
- Be responsible for any costs associated with the handling, analysis and reporting of any collected evidence.

The Auditor conducted a formal interview with a WRSP Sexual Abuse Investigator. The Investigator informed the Auditor he has received four allegations of sexual abuse within the past 12 months, two of which resulted in a forensic examination. The SANE and SIU was notified in both allegations. The WRSP investigator informed the Auditor the SANE was escorted to the medical section to perform both forensic examinations. The Auditor confirmed this as an interview with the Health Authority revealed both examinations were performed in the facility's medical treatment room.

The Auditor conducted a telephone interview with an investigator from the Special Investigation Unit. The SIU Investigator was asked if a victim advocate can accompany a victim during his investigatory interviews. He had not encountered a circumstance in which a victim advocate was needed but informed the Auditor he would allow the victim advocates presence. The Investigator explained evidence is collected, processed and submitted for criminal prosecution. In the event criminal charges are placed on the victim, the investigator informs the Warden's secretary so the offender victim can be notified. The WRSP investigator remains informed throughout the prosecution process so the victim can be updated and informed. The investigator informed the Auditor evidence collection is in accordance with nationally accepted protocols. The SIU investigator explained he had received training to conduct sexual abuse investigations in confinement settings. The Auditor verified this by reviewing the investigator's training certificate.

The Auditor reviewed the medical records of both offenders who reported sexual abuse in a time that would allow for the collection of evidence. Both medical records included a report from the Sexual Assault Nurse Examiner and progress notes completed by the SANE. Medical records indicated the examination was performed on site in the medical section. Neither offender was responsible for the medical costs associated with the examinations. Neither offender requested a victim advocate's presence during the examination.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner who provides examinations in accordance with the Memorandum of Understanding. The Auditor asked if the facility has contacted her officer for a forensic examination of an offender in the past 12 months. The SANE informed there has been 2 forensic examinations conducted in the past 12 months. Both examinations were conducted on site in the medical area. The SANE allows advocates to accompany the victim during the forensic examination. She stated the SANE contacts the rape crisis center when a victim requests the presence of an advocate. The Auditor asked if a police investigator questions the victim during the examination. The SANE informed an investigator can question the victim following the examination.

The Auditor attempted to interview an offender who submitted an allegation of sexual abuse and was examined by the SANE. The offender refused to speak to the Auditor. The offender did not request a victim advocate's presence during the examination. The offender later admitted to investigators he fabricated the allegation.

Conclusion:

An appropriate uniform evidence protocol is utilized when collecting evidence of sexual abuse. The facility allows offenders access to victim advocates from a rape crisis center. The facility provides access to a Sexual Assault Nurse Examiner in the facility performed by a trained SANE. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, investigative reports, SANE examination report and interviewed the investigator, SANE, and victim advocate and determined the facility meets the requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy mandates the Facility Unit Head ensure an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The policy allows the facility investigator to make initial investigatory efforts. When warranted, the facility investigator contacts the Special Investigations Unit (SIU) who is required to conduct administrative and criminal investigations of sexual abuse and sexual harassment. Policy requires the Chief of the SIU review the nature of the allegation to determine if an investigation is warranted.

Evidence Relied Upon:

Policy – 030.4 pg. 3, 10
Policy – 038.3 pg. 11-12
Agency Website
Code of Virginia
Investigative Reports
Interview with Investigators
Interview with Offenders

Analysis/Reasoning:

The Auditor reviewed the Virginia Department of Corrections website. The website includes a link to the agency's policies regarding the conduct of investigating allegations of sexual abuse

and sexual harassment. The policy stipulates the Special Investigations Unit will conduct criminal and administrative investigations into allegations of sexual abuse and sexual harassment. Code of Virginia §53.1-10 allows the Virginia Department of Corrections' Director to designate Special Agents to the SIU who will have the same power as a law enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the VA DOC. SIU investigators have the legal authority to investigate felony and misdemeanor violations of law committed in and against the Department of Corrections, and serious allegations of staff misconduct and administrative violations. Each Special Agent is required to be a sworn police officer in the Commonwealth of Virginia.

When prosecution is warranted, the SIU Special Agent coordinates with the local office of the Commonwealth Attorney. A separate administrative investigation may commence at the direction of the SIU Chief or DOC Director. In these cases, a different agent is assigned the administrative case and is prohibited from sharing the compelled statements with the agents conducting the criminal investigation.

The Wallens Ridge State Prison reported one allegation of inmate-on-inmate sexual abuse that was referred for criminal investigation within the previous 12 months. There were no reported incidents of staff-on-offender sexual abuse referred for criminal investigation in the previous 12 months. The criminal investigation of the offender-on-offender sexual abuse was not complete at the time the Auditor interviewed the investigator. The Auditor conducted a formal interview with a facility investigator. The investigator is aware of the requirement to inform the offender of the criminal investigative results.

The Auditor conducted an interview with an offender who reported an allegation of sexual abuse that allegedly occurred at the facility. The offender informed the Auditor he did not agree with the results but stated the facility responded quickly, appropriately and professionally. The offender was informed of the investigative findings at the conclusion of the investigation. The offender's allegation was unsubstantiated and not referred for criminal prosecution. The Auditor reviewed the investigative file of this offender's allegation. The investigation was completed promptly and thoroughly.

The Auditor interviewed several offenders who had made an allegation of sexual harassment. Offenders informed the Auditor an investigator met with them immediately following the allegation. The Auditor read the investigative records and determined the facility investigator conducted an appropriate investigation to conclusion. Each offender was informed of the investigative findings.

No Department of Justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Wallens Ridge State Prison.

Conclusion:

The Auditor concluded the Wallens Ridge State Prison is appropriately referring criminal allegations of sexual abuse and sexual harassment to the Special Investigation Unit who has the legal authority to conduct criminal investigations. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency

policies and procedures, facility website, investigative reports and interviewing offenders and staff the Auditor determined the facility meets the requirements of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy stipulates employees receive the following training during orientation:

- The zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- Offenders' right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The Virginia Department of Corrections has a policy requiring annual in-service training include refresher training on current DOC sexual abuse and sexual harassment policies and procedures. The agency's policy requiring the annual in-service training mandates the following training topics:

- The zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- Offenders' right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The agency's training is tailored to the gender of the offenders at the employee's facility. It's the agency's policy to provide gender diversity training if the employee is reassigned from a male facility to a facility that houses female offenders, or vice versa. Facilities are required by policy to provide the above listed in-service training each year.

Evidence Relied Upon:

- Policy – 102.6 pg. 4
- Policy – 350.2 pg. 11-12
- PowerPoint Presentations
- Trainer Outlines
- Participant Outlines
- Training Checklist
- Test and Answer Sheets
- Training Curriculum
- Training Acknowledgement Form
- Training Attendance Records
- Interviews with staff

Analysis/Reasoning:

The Auditor reviewed training curriculum and PowerPoint presentations utilized to train staff. The training provided to employees includes all bulleted topics listed above. Each participant in orientation and in-service training receive a participant outline for reference during the training. The instructor utilizes a PowerPoint presentation and trainer outline while conducting the training. Participant in the class maintain possession of the outline during and after the training

session for their personal reference. Once training is complete participants must pass a written test.

The Auditor reviewed the test provided to participants at the conclusion of each training session. The test includes 20 questions from the various topics taught during instruction. At the conclusion of the training session participants answer questions asked by the instructor based on the television show Jeopardy. This allows the instructor an opportunity to reiterate points made during the training session and increases the participants knowledge of the materials covered during training. The agency documents employee's attendance and employees sign a Prison Rape Elimination Act (PREA) Training Acknowledgement Form.

The agency PREA Coordinator in cooperation with regional PREA/ADA Analysts creates a monthly PREA Newsletter. The newsletter is sent to all agency personnel by email from the Director. The Auditor reviewed PREA Newsletters from the previous 12 months. Each newsletter is different and includes pertinent information regarding prevention, detection and response efforts towards sexual abuse and sexual harassment.

The Auditor reviewed orientation records from February 2018 to June 2018. Orientation records reviewed included the orientation schedule, participant list, PREA tests, and the acknowledgement form. Between February 2018 through June 2018 the agency trained 26 new staff members. Each new staff member passed a PREA test and signed the PREA Acknowledgement Form documenting their understanding of the training provided.

The facility reported 432 staff members were trained on the PREA requirements. The Auditor reviewed in-service training records from the previous 12 months. In-service records included a schedule, participant list, PREA tests, and the acknowledgement form. The Auditor verified all staff had received the PREA training. Interviews with staff revealed they retained the information provided by the facility.

The Auditor verified through training attendance rosters all staff received the required training. New officers are provided the training during their initial orientation prior to performing duties. Staff training is conducted in a classroom setting during annual in-service training. The Auditor verified all staff has received training and completed a test of the material. Staff informed the Auditor they also review the agency's PREA policy during the annual in-service training.

The Auditor conducted informal and formal interviews with random and specialized facility staff. The Auditor questioned staff about the training topics previously listed. All staff interviewed by the Auditor informed they received training and were able to articulate the topics to the Auditor. Staff interviewed by the Auditor was knowledgeable regarding the training material provided by the facility. The Auditor did not encounter one employee who could not answer the Auditor's questions related to the agency's PREA policies.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff appears well educated in the training topics mandated in PREA Standard 115.31. The Auditor reviewed facility policies and procedures, training

materials, training rosters, and conducted interviews with staff and offenders. Interviews with offenders assisted in the Auditor's determination the facility exceeds this standard. Offenders informed staff were very professional and respond to incidents appropriately. The collective offender interview results concluded facility staff were well trained and take PREA seriously. Not only does the facility train its staff, but also requires them to pass a test. The facility provides training more often than the requirements of this standard as it trains staff annually and provides policy information annually to staff. The Auditor determined staff have retained the knowledge received from training. The Auditor determined the facility exceeds the requirements of this standard.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy which requires the Statewide and Organizational Unit Volunteer Coordinator to ensure all volunteers receive training regarding their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to

volunteers and contractors is based on the services provide and the level of contact they have with offenders. The policy requires all volunteers who have contact with inmates be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report allegations of such incidents. Each volunteer is required to sign a Volunteer Agreement that documents the volunteer's receipt and understanding of the materials.

The agency has a policy which requires contractors receive training regarding their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level of training contractors receive is based upon the services they provide and the level of contact they may have with offenders.

Long-term contract personnel are provided the same level of training that is provided to agency staff.

Evidence Relied Upon:

Policy – 027.1 pg. 7-8

Policy – 038.3 pg. 6

Policy – 102.6 pg. 4

Policy – 350.2 pg. 8

A Guide to Maintaining Appropriate Boundaries with Offenders brochure

PREA Contractor/Volunteer Trainer Outline

PREA Compliance Memorandum

Contractor/Volunteer PREA Training Acknowledgement

Volunteer/Contractor Training Records

Volunteer/Contractor Training PowerPoint Presentation

Interviews with Contractor

Interviews with Volunteer

Analysis/Reasoning:

The Auditor reviewed the facility's Volunteer and Contractor Trainer Outline. A PowerPoint Presentation is utilized to provide in-person training to each contractor and volunteer. The PowerPoint Presentation coincides with the trainer outline. The PowerPoint Presentation and trainer outline includes the following sections:

- What is PREA;
- The Nine Purposes of PREA;
- OP 038.3 Sexually Abusive Behavior Prevention and Intervention;
- Zero Tolerance Policy;
- OP 130.1 Rules of Conduct Governing Employees Relationships with Offenders;
- Myths;
- The Dynamics of Sexual Abuse and Sexual Harassment in Confinement;
- Common Reactions of Sexual Abuse and Sexual Harassment Victims;
- Detection Strategies;
- Avoiding Inappropriate Relationships with Offenders; and
- Summary.

The training outline includes notification of the agency's zero-tolerance policy and informs volunteers and contractors how to report such incidents. Volunteer and contractors are trained on their responsibilities under the DOC's prevention, detection, and response policies and procedures.

The Auditor reviewed the agency's brochure, "A Guide to Maintaining Appropriate boundaries with Offenders." The agency provides each volunteer and contractor a copy of the brochure prior to rendering services. The brochure includes the following information:

- A Duty to Report;
- Red Flags;
- Prevention;
- Resources; and
- Prison Rape Elimination Act: Detecting, Reporting, Preventing

Each volunteer and contractor sign the Prison Rape Elimination Act (PREA) Training Acknowledgement form. The acknowledgement form documents the level of training each volunteer and contractor received by the agency. The following levels of training are documented by the agency:

- Level 1 – No contact with offenders;
- Level 2 – Duties do not require contact with offenders, but the possibility exist; and
- Level 3 – Duties require contact with offenders.

The volunteer/ contractor training acknowledgement documents the volunteer and/or contractor's understanding of the training and policies.

The facility reported 75 volunteers and contractors who have contact with offenders. The Auditor reviewed records revealing the volunteers and contractors had received the appropriate training. Of those reviewed, multiple was noted as not currently approved. Once approved those volunteers and contractors will attend the training. A list of approved volunteers and contractors is maintained by the agency. The Auditor reviewed records of 33 volunteers and 44 contractors.

The Auditor conducted formal interviews with contract and volunteer personnel. Each contractor and volunteer interviewed verified they had received training conducted at the facility. The Auditor questioned about specifics relating to the facility's policy and procedures for reporting, documenting and their duties as a non-security first responder. Each contractor and volunteer were able to articulate their responsibilities as a first responder and how to report and document allegations of sexual abuse and sexual harassment. Volunteers and Contractors are informed that violations of the agency's sexual abuse policies will result in termination and notification to law enforcement officials for prosecution referral.

The Auditor verified each volunteer and contractor had signed the Volunteer/Contractor Training Acknowledgement form. Each volunteer and contractor interviewed stated they not only receive

training before they offer services, but also annually. They confirmed training was conducted on site and in person by a facility staff member.

Conclusion:

The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies and procedures, training curriculum, Volunteer/Contractor Training Acknowledgements and interviewing volunteers and contractors the WRSP meets the requirements of this standard.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

It is the policy of the Virginia Department of Corrections to provide offenders information explaining the VA DOC's zero -tolerance policy and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. The agency provides this information verbally and in writing. The agencies policy requires PREA training to offenders upon entry utilizing the "Preventing Sexual Abuse & Sexual Assault – Trainer Outline – Intake." Each offender will receive a comprehensive training within 10 days of arrival utilizing the "Preventing Sexual Abuse & Sexual Assault – Trainer Outline – Comprehensive."

The agency's policy requires facilities to make arrangements for offenders who speak other languages and with offenders who are deaf, visually impaired, or otherwise disabled, as well as those offenders with limited reading skills, to receive training and materials in a language understood by the offender. The agency maintains documentation of the offender's participation in sessions on an acknowledgement form.

Evidence Relied Upon:

Policy – 038.3 pg. 5

Policy – 810.2 pg. 6

Trainer Outline - Intake

Trainer Outline - Comprehensive

Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure

Offender Handbook

Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training

Language Line Services Contract

Offender Records

Interviews with Staff

Interviews with offenders

Observations

Analysis/Reasoning:

Each offender is provided the Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure. Staff ensure each offender watches the initial information video titled, "PREA: What You Need to Know" and provide the initial training in person utilizing the intake training outline during the intake process. Each offender signs the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training form after receiving the information.

The Auditor reviewed the Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure. The brochure includes the following information:

- Zero Tolerance
- Reporting
- Know Your Rights
- Staff and Offenders Cannot...
- How do I Get Help

The Auditor reviewed the outline utilized to brief offenders by the trainer during the intake process. The Trainer Outline – Intake includes the following:

- Introduction
- Playing of PREA: What You Need to Know video
- Reporting
- Getting Help
- Issuance of the Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure
- Summary

The Auditor conducted a review of the agencies comprehensive training curriculum. The outline utilized by trainers for the comprehensive education includes the following topics:

- Section 1 – Introduction
- Section 2 – Zero Tolerance

- Section 3 – Definitions
- Section 4 – How to Get Help
- Section 5 – What to Remember

The comprehensive education is conducted both in person in conjunction with a video. Each offender is provided time to ask questions at the conclusion of the education session. The agency maintains all intake and comprehensive information in English and Spanish. The agency's comprehensive education materials include, the offender's rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency's policies and procedures for responding to such incidents. The facility's educational video is closed captioned.

The Auditor reviewed the records of 66 offenders. Twenty-six were provided in the Pre-Audit Questionnaire, 20 were randomly selected by the auditor and 20 were specifically chosen by the Auditor. A review of offender classification records revealed each offender signed an Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training form. The Auditor verified each offender received comprehensive education within 30 days of booking. The Auditor was able to verify those who were incarcerated at the time PREA standards were enacted received comprehensive education.

Offenders informed the Auditor they were immediately provided a brochure which included the facility's rules relating to sexual abuse and sexual harassment upon arrival at the facility. In addition, some offenders informed the Auditor they watched a video upon arriving at the facility. The Auditor questioned those who reported not watching a video upon arriving at the facility. Some offenders had watched an orientation video at another VA DOC facility prior to arriving at the WRSP. The Auditor reviewed the classification records to determine those offender's dates of arrival in the agency. It was determined those offenders had been incarcerated for longer periods of time than those offenders who had watched the video during their intake procedure.

The offenders who informed the Auditor they had not watched a video upon intake were questioned regarding the agency's sexual abuse and sexual harassment policies. Each was able to articulate those procedures to the Auditor, verifying they had received a comprehensive education. One offender informed the Auditor the facility plays the video through the television system on a continuous loop system. The Auditor asked each offender if they had received a brochure regarding the facility's sexual abuse and sexual harassment policies. Each offender had received the brochure.

While touring the facility the Auditor observed the video monitor in the booking area. While booking offenders the sexual abuse and sexual harassment video plays continuously. The offender can view the video while inside the intake area and in the corridor outside the intake area if any offenders are waiting to enter the area. The facility maintains a monitor inside and outside the intake area which are linked to the DVD system. Offenders who viewed the video stated the first thing facility staff does is hand them a PREA brochure and then has them watch the video. Multiple offenders stated they had been incarcerated at several VA DOC facilities and was provided information and watched a video each time they arrived at a different facility.

The Virginia Department of Corrections policies related to sexual abuse and sexual harassment apply to all DOC facilities. The WRSP is not required to educate offenders prior to transporting to another DOC facility.

The Auditor interviewed three Limited English Proficient offenders. One of the three had a cognitive disability. The Auditor was unable to communicate with the LEP offender. The Auditor had a translator present during the interview of one other LEP offender. The offender was knowledgeable regarding the sexual abuse and sexual harassment policies. The Auditor asked the offender how he would report an allegation of sexual abuse or sexual harassment. The offender stated he would use the hotline to make a report. He had received the PREA brochure written in Spanish but admitted he did not read it. The offender stated it was in his cell. The Auditor was able to communicate with the other offender designated as LEP. This offender can understand English and read English.

The facility has few offenders who are designated as Limited English Proficient. There are three staff employed at the facility who are bilingual to communicate with those offenders. The facility has a contract for a Language Line service to provide interpretive services to Limited English Proficient offenders.

The Auditor reviewed the agency's Offender Orientation Handbook issued to all offenders at the Wallens Ridge State Prison. The handbook includes information related to the Prison Rape Elimination Act. The handbook includes the following:

- Zero tolerance
- Reporting Sexual Abuse/Harassment
- Hotline Number information
- Avoiding Sexual Intimidation
- Ways to Avoid Predators
- Grievance Procedures

The Auditor conducted an interview with booking and classification staff. Staff informed the Auditor the information is provided as soon as the offender arrives at the facility. Classification staff meets with each offender being booked into the facility. Classification discusses the agency's policies related to sexual abuse and sexual harassment and gives each offender the opportunity to ask questions related to such. The Auditor was informed the information will be read to an inmate who is blind, has low vision, or cannot read. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing. Interpretive services are provided through use of a language line or a bilingual staff member. Classification staff discusses options with a supervisor to ensure offenders who cannot otherwise benefit from the education are educated appropriately.

The Auditor conducted a formal interview with several offenders who had a cognitive disability. The offenders were able to articulate knowledge of the agency's PREA policies and procedures which verifies the facility provides PREA information in a language or manner in which disabled

offenders can understand. One of those offenders informed the auditor he had submitted a sexual harassment allegation. He informed the Auditor facility staff investigated the allegation and informed him of the results. There were no offenders who incarcerated at the time of the audit who were blind or deaf. The facility does not house blind or deaf offenders.

The Auditor conducted a detailed tour of the Wallens Ridge State Prison. During the tour the Auditor observed key information readily available in the form of PREA posters throughout the facility. The facility provides readily available information to offenders in its Offender Handbook and PREA Brochure. The facility maintains PREA material written in English and Spanish. The Auditor observed the booking area where the comprehensive education video is played to offenders.

Conclusion:

The Auditor concluded the offender population at the Wallens Ridge State Prison has been appropriately educated in the facility's zero tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's classification record. The Auditor reviewed the agency's policies and procedures, booking and classification records, Offender Sexual Abuse Information/Orientation Forms, made observations and interviewed staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor Discussion:

The agency's policy requires SIU investigators receive specialized training before conducting PREA investigations. The policy also requires SIU investigators receive the general PREA training provided to all agency employees. Policy stipulates the training include the following:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy requires the PREA Compliance Manager maintain documentation that each SIU Investigator has completed the required specialized training.

Evidence Relied Upon:

Policy – 030.4 pg. 10

Policy – 350.2 pg. 14

Investigation Matrix
Investigator's Training Certificates
Training Curriculum
Interview with Investigator

Analysis/Reasoning:

At the time of the audit the facility employed 4 staff members who have received specialized training to conduct Sexual Abuse Investigations. The Auditor conducted a review of the 4 staff member's training records. Three of the four facility investigators completed the National Institute of Corrections', Investigating Sexual Abuse in a Confinement Setting. Two facility investigators completed the National Institute of Corrections', Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. All four investigators completed the Investigating Sexual Misconduct: PREA for Investigators conducted by the agency. In addition, the Auditor verified all four facility investigators received the in-service training offered to all employees. One facility investigator attended a Trauma-Informed Sexual Assault Investigations and Adjudication course in May 2019. The course was 23 hours and sponsored by the Virginia Department of Criminal Justice Services.

The Investigating Sexual Misconduct: PREA for Investigators course conducted by the agency is a 16-hour course conducted in a classroom environment. The National Institute of Corrections' Investigating Sexual Abuse in a Confinement Setting is a 3-hour online course while the advanced version is a 4-hour online class. The Auditor conducted a review each course curriculum. Each investigator has undergone training that includes the following:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda warnings;
- Proper use of Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Auditor conducted a review of 21 SIU investigative staff training records. The Auditor observed each investigator reviewed had attended specialized training to conduct investigations in a confinement setting. The Auditor also verified each SIU investigator completed the general PREA training offered to all agency personnel. The SIU investigators attended PREA in-service training in March 2019.

One facility investigator was formally interviewed by the Auditor. The Auditor asked the investigator to discuss the training he received. The Investigator articulated the topics listed above in his response. The Investigator was knowledgeable regarding conducting sexual abuse investigations. The Auditor asked the Investigator to explain his investigative process after receiving an allegation. The process utilized by the Investigator is sufficient for conducting appropriate sexual abuse and sexual harassment investigations. The Auditor reviewed investigative reports written by the investigator. The reports reviewed appear to support the investigator received appropriate training.

The Department of Justice is not required to conduct sexual abuse or sexual harassment investigations in the Wallens Ridge State Prison.

Conclusion:

The Auditor concluded the facility has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies and procedures, training curriculum, training records, and conducted an interview with a Sexual Abuse Investigator and determined the facility meets the requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy is to provide all full-time and part-time medical and mental health staff who work regularly in VA DOC facilities in the following:

- How to detect and access signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The agency's policy requires regular full-time and part-time medical and mental health staff receive training mandated for employees or contractors and volunteers depending upon the practitioner's status in the DOC.

The agency has a contract with the Ballad Health Russell County Hospital to conduct forensic examinations at the facility. Medical practitioners at the facility do not conduct forensic examinations and therefore are not required to be trained to do so.

Evidence Relied Upon:

Policy – 102.6 pg. 4
Policy – 350.2 pg. 12
Policy – 701.1 pg. 8
Policy – 720.7 pg. 5
Specialized Medical Training Curriculum
Ballad Health Russell County Hospital Contract
Interviews with Medical and Mental Health Staff
Medical Personnel Training Records

Analysis/Reasoning:

Medical services at the Wallens Ridge State Prison are not contracted. Medical personnel at the Wallens Ridge State Prison are employees of the Virginia Department of Corrections. All medical and mental health practitioners are required to complete specialized medical training.

The Auditor reviewed the records of 32 medical and mental health practitioners. A review of the records indicated all 32 medical and mental health practitioners received the PREA training offered to all employees and completed specialized medical training. The specialized medical training conducted was offered through the National Institute of Corrections. Each medical and mental health practitioner completed the online PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting course. This is a 3-hour National Institute of Corrections course. The course curriculum included the following:

- How to detect and access signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Auditor interviewed medical and mental health staff employed at the Wallens Ridge State Prison. Each employee interviewed stated they had received specialized medical training and received the same training provided to all VA DOC employees. The WRSP training is provided to medical and mental health staff in person in a classroom setting. The medical and mental health professionals were knowledgeable regarding previously mentioned training topics. Medical staff explained how physical evidence is preserved while attempting to treat medical emergencies which result from an incident of sexual abuse.

VA DOC medical personnel do not perform forensic examinations at the Wallens Ridge State Prison. Those examinations are performed on site by a Sexual Abuse Nurse Examiner from a community hospital.

Conclusion:

The Auditor concluded medical staff at the Wallens Ridge State Prison have been appropriately trained. The facility maintains documentation that medical and mental health personnel have received specialized medical training and the same training offered for all other VA DOC personnel. The Auditor conducted a review of VA DOC policies and procedures, training curriculum, training records, and interviewed medical and mental health professionals and determined the agency meets the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections' policy requires an assessment of each offender during the reception process. The policy requires the assessment be conducted by a counselor or other non-clerical reception center staff member and will be performed for a new offender and an offender upon transfer from one DOC facility to another. The assessment is conducted to assess the offender's risk of being sexually abused by other offenders or sexually abusive toward other offenders. Policy requires the assessment be completed and approved within 72 hours of the offender's arrival at the facility. The VA DOC utilizes an electronic Classification Assessment form in its VACORIS system. The classification assessment screening tool is objective and considers the following:

- Whether the offender has a mental, physical, or developmental disability;
- The age of the offender;
- The physical build of the offender;
- Whether the offender has previously been incarcerated;
- Whether the offender's criminal history is exclusively nonviolent;
- Whether the offender has prior convictions for sex offenses against an adult or child;
- Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether the offender has previously experienced sexual victimization;
- The offender's own perception of vulnerability; and

The agency has a policy that requires the offender's risk of victimization or abusiveness be reassessed within 21 days for the offender's arrival date. The agency's policy also requires staff to reassess an offender's risk of victimization or abusiveness when warranted due to a

referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

The agency prohibits disciplining an offender for refusing to answer, or for not disclosing complete information related to the victimization/abusiveness risk screening. The information obtained on the screening may only be disseminated to key staff. Policy requires the risk screening personnel to notify the Qualified Mental Health Professional if an offender has been identified at risk of victimization or abusiveness. The staff member is required to inform the Shift Commander so appropriate bed/housing decisions can be made.

Evidence Relied Upon:

Policy – 730.2 pg. 6
Policy – 810.1 pg. 5-7
Policy – 810.2 pg. 2-4
Policy – 861.1 pg. 6
VACORIS Screening Forms
Internal Memorandum
Classification Records
Interviews with Staff
Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the agency's VACORIS form utilized to screen offenders upon admission. The screening tool is objective in nature and includes the following considerations:

- Mental, physical, and developmental disabilities;
- Ages of the offender;
- Physical stature;
- Previous offenses;
- Criminal history, including exclusively non-violent history;
- Prior convictions for sex offenses against adults or children;
- Sexual orientation, including gay, lesbian, bi-sexual, transgender, intersex and gender non-conforming;
- Previously experiences of sexual victimization; and
- Offender's own perception of vulnerability.

In addition, the agency's screening tool considers the following:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

The Classification Officer meets with each offender who enters the facility. Each offender is personally screened by a staff member upon admission to the agency. The staff member asks the offender questions from the screening tool and electronically records the answer into the VACORIS system. Offenders are placed in the orientation unit and meet with the Classification

Officer in a private office. Classifications typically occur the next day after arrival to the facility. All offender classifications occur within 72 hours.

The Auditor reviewed a random sampling of screenings from each quarter of the previous 12 months. The sampling included 8 offenders from the 1st quarter, 6 offenders from the 2nd quarter, 6 offenders from the 3rd quarter and 6 offenders from the 4th quarter. A total of 26 offender records were reviewed for initial assessments. The Auditor observed all 26 offenders had been appropriately screened upon admission. The Auditor also reviewed 40 files requested on site. Each offender's screening was included in the VACORIS system.

Utilizing the same 66 offender records, the Auditor discovered staff had conducted a re-assessment of each offender's level of risk for victimization and abusiveness. The Agency's reassessment form includes the following information:

- Has the offender been diagnosed with a mental, physical, or developmental disability not recorded on the Classification Assessment;
- Has the physical build of the offender changed since the Classification Assessment;
- Has the age of the offender changed since the Classification Assessment;
- Has the offender received disciplinary charges since the Classification Assessment;
- Has the offender reported experiencing sexual victimization that was not recorded on the Classification Assessment;
- Is the offender's own perception of vulnerability changed since the Classification Assessment;
- Since arriving at the facility, has the offender been forced or threatened by anyone to engage in sexual activity; and
- Is the staff member's perception of whether the offender is gender nonconforming different from what is indicated on the Classification Assessment?

The reassessment form requires the staff person to notate whether a referral to a mental health professional or a Unit Head is required. The form has a designated line to identify an offender as High Risk of Sexual Victimization (HRSV) or High-Risk Sexual Aggressor (HRSA).

Of the 46 assessments and reassessments reviewed by the Auditor the following was observed in the assessments and reassessments:

- 57 reported a history of sexual or physical violence against others
- 5 were noted as being small in stature
- 12 had a history of sexually related disciplinary infractions in institutions
- 15 were serving sentences for sexual in nature convictions
- 32 reported previous diagnoses of mental illness
- 2 reported a developmental disability
- 16 were referred for mental health follow-up – all but 1 refused
- 14 were identified as known sexual aggressors
- None of the 66 were identified as sexual victims
- None of the 66 had their risk level changed after the reassessment

The Auditor observed a memorandum from the PREA Coordinator addressed to all Wardens and Superintendents dated April 30, 2015. The memorandum informed of guidance issued by the Department of Justice regarding PREA standard 115.41. The PREA Coordinator informed all Wardens and Superintendents the staff member conducting the Classification Assessment is to include their personal perceptions whether the staff member perceives the offender to be or not be gender nonconforming. The staff member is to record his/her perceptions on the Classification Assessment.

The Auditor conducted a formal interview with a Classification Officer. The Classification Officer explained the risk screening process to the Auditor. The Auditor asked the Classification Officer if she utilizes her professional judgement when considering vulnerability of an offender. The Auditor was informed classification staff does use their best judgement when determining vulnerability, in addition to the risk screening form. The Auditor asked classification if they have received a referral, request or additional information that bears on an inmate's risk level. The Auditor was informed they had not received such. Classification staff was asked if they place discipline charges on an offender who refuses to answer questions related to the risk screening. The Auditor was informed they do not discipline offenders for refusing to answer classification questions.

The Auditor asked classification who has access to information classification gains and inputs into the Offender Management System during the risk screening process. The Auditor was informed the information obtained during the risk screening can be accessed by supervisors, classification, investigators and medical and mental health professionals. Information from the risk screening is electronically entered into the agency's CORIS system. Each agency staff member has a uniquely issued username and password to gain access into CORIS. Staff is provided different levels of access (based on job duties) to information maintained in CORIS. CORIS can be accessed by all agency personnel.

The Auditor conducted formal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the booking process. Offender stated they had been asked such questions during the booking process. There was one offender who identified as transgender incarcerated at the time of the audit. The offender informed personnel after the booking process of the transgender identification. The Auditor asked the offender if staff treated the offender any differently after the designation was made. The Auditor was informed "no." Each offender informed the Auditor they were asked if they identified as gay, lesbian, bisexual, transgender or intersex. The facility's risk screening tool does allow for input of the offender's own perception of vulnerability.

A review of 66 classification records revealed the Classification Officer had included notes in each offender's classification record notating a 30-day reassessment of each offender's risk of sexual victimization or abusiveness. The Classification Officer inputs this information into CORIS on the PREA Reassessment form. Each reassessment was conducted within 30 days of arrival at the WRSP. The Auditor observed notations of the performance of the 30-day review that included the previously listed information.

The facility does not conduct a re-assessment of vulnerability and aggressiveness upon transfer to another facility because all DOC facilities are required to conduct an assessment upon arrival, regardless of where the offender arrives from. All agency facilities are required to conduct a 30-day reassessment of vulnerability and aggressiveness.

There were no substantiated cases of offender-on-offender sexual abuse within the past 12 months. The WRSP staff did not conduct a re-assessment of an offender's risk level after an incident of sexual abuse as there has been no substantiated incident in the past 12 months.

The WRSP does not detain solely for civil immigration purposes.

Conclusion:

The facility's Classification staff is attempting to discover offenders' level of risk of sexual victimization or sexual aggressiveness during the booking process and within 30 days of an offender's arrival based upon additional information, an incident or referrals. The Auditor reviewed the agency's policies and procedures, risk screening form, classification records and interviewed staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay,

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy is to use information from the Classification Assessment to inform housing, bed, work, education, and programming assignments to prevent offender who are determined at high risk of sexual victimization from being placed with those at risk of being sexually abusive. Policy stipulates individualized determinations be made to ensure the safety of each offender.

The agency is required by policy to consider on a case-by-case basis in deciding whether to assign a transgender or intersex offender to a male or female facility and when making housing and program assignments. Security and management problems are considered when determining placement. Transgender and intersex offenders' own views of safety are considered when determining placement.

Policy requires the Institutional Program Manager review the Facility Offender Alert report from the VACORIS system in January and July to complete a six-month reassessment of housing and programs for all transgender and intersex offenders. This reassessment requires the staff member meet with the transgender or intersex offender to ensure the housing and program assignments are appropriate.

Policy requires transgender and intersex inmates be given the opportunity to shower separately from other offenders.

The agency's policy stipulates lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

Evidence Relied Upon:

Policy –038.3 pg. 7
Policy – 425.4 pg. 3
Policy – 425.4RH pg. 3
Policy – 730.2 pg. 3

Policy – 810.1 pg. 6
Policy – 810.2 pg. 3
Policy – 830.5 pg. 8
Policy – 841.2 pg. 3
Facility Offender Alert Report
Classification Assessments
Mental Health Services Progress Notes
Interviews with Offenders
Interviews with Staff
Observations

Analysis/Reasoning:

The Auditor reviewed 66 offender classification records. Of the records reviewed, there was one offender who identified as transgender. The transgender offender was not placed in a dedicated housing unit. The classification records show facility staff made appropriate individualized considerations when determining housing, bed, work and other assignments to ensure the transgender offender was maintained away from sexual predators. Classification staff considered the transgender’s own views when determining assignments.

Of the files reviewed there were 5 offenders who reported as gay or bisexual. The Auditor observed classification staff is utilizing information gained from the risk screening to assign facility housing, bed, and work assignments. Classification staff does not assign education or programming assignments to offenders upon booking. Offenders submit a request to attend programs and educational classes. Classification assigns each offender in compatible living units. Programs, work and education classes occur in the dayrooms of the living units. Prior to assigning an offender a work position outside of the living unit the Classification Officer makes an assessment to ensure the offender’s safety.

The Classification Assessment tool utilized by classification staff requires individualized determinations be made for each offender. The tool also has comments sections in which determining staff may type their perceptions of the offender. The Auditor conducted formal interviews with the five offenders who reported being gay or bisexual. The Auditor asked each if they were housed in a living unit that was dedicated for LGBTI offenders. The Auditor was informed they were not placed in a dedicated living unit. The Classification Officer informed the Auditor a transgender inmate’s own views concerning safety are considered when making assignments.

The Auditor reviewed the files of offenders who reported suffering sexual victimization while in the community and in an institutional setting. The Auditor conducted formal interviews with the inmates who reported suffering sexual victimization. Each was asked if they have been housed in the same living unit with known sexual abusers. They reported to the Auditor they were housed separately from abusers. The Auditor asked during interviews if any of the offenders attended programs, education, or work. The victimized inmates who answered “yes,” reported they were maintained separate from abusers during programs, education, and work.

The Auditor reviewed the agency's Facility Offender Alert Report notating offenders who have been identified at high risk of sexual victimization (HRSV). The agency identified 6 offenders at high risk. Of those 6 offenders, all were housed at the Wallens Ridge State Prison. The Auditor also reviewed the agency's Facility Offender Alert Report notating offenders who have been identified at high risk of sexual abusiveness (HRSA). The agency had identified 87 offenders at high risk of sexual abusiveness within its facilities. Of the 87, 37 were assigned to the Wallens Ridge State Prison.

The Auditor compared facility housing assignments of those listed on the HRSA and HRSV reports. Offenders identified at high risk of sexual victimization were housed separately from those identified at high risk of sexual aggressiveness.

The Auditor reviewed the file of a transgender offender. The offender was provided PREA information upon admission and provided a comprehensive education within 30 days of admission. The offender reported not feeling vulnerable to sexual victimization. The Auditor observed evidence of a 6-month review concerning the offender's placement status. The offender was undergoing hormone therapy treatments. The Auditor reviewed the mental health progress notes of the transgender offender. The offender denied any fear of safety and reported doing well in the facility.

The Auditor observed all facility living units during a detailed facility tour. All living units have shower areas which allow transgender and intersex inmates the opportunity to shower separately from other offenders. Each shower has a half door and toilet areas are located in cells. Other toilet areas in the facility are protected with a wall. Both staff and offenders interviewed stated offenders can shower, use the toilet and change clothes without staff of the opposite gender seeing them do so. The Transgender offender stated staff ensure the offender utilizes the shower when no other offenders are out of their cell.

The Auditor asked classification staff how often a transgender inmate's placements are reviewed. Classification reported they review assignments every 6 months or more often if needed. The Auditor asked if all LGBTI inmates were placed in dedicated living units in the WRSP and was informed they are not housed as such. The Auditor asked classification staff if a mental health professional has any input on transgender reviews. Classification reported all offenders meet with a QMHP and the QMHP is a team member when the facility conducts a twice annually review of transgender assignments.

At the time of the audit neither the Virginia Department of Corrections, nor the Wallens Ridge State Prison was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders.

At the time of the Audit there were no inmates identified at high risk of sexual victimization placed involuntarily in segregation for his protection against sexual abuse.

Conclusion:

The Auditor concluded classification staff is making individualized determinations when assigning transgender and intersex offender's housing, bed, work, programming and education

assignments. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization from those identified at high risk of sexual abusiveness. The Auditor conducted a thorough review of policies and procedures, classification records, risk screenings, made observations, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No

- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections prohibits placing offenders at high risk for sexual victimization in special housing without their consent unless an assessment of all available alternatives has been made, and a determination has been made by the Qualified Mental Health Professional in consultation with the Regional PREA Analyst and Shift Commander that there is no available alternative means of separation from likely abusers. Policy requires the Shift Commander complete a Sexual Abuse/Sexual Harassment Available Alternatives Assessment form before placing the offender in Special Housing. The Sexual Abuse/Sexual Harassment Available Alternatives Assessment must clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged; a copy of which is required to be sent to the Regional PREA Analyst.

Policy allows an offender identified at high risk of sexual victimization to be housed involuntarily in special housing for no more than 2 hours until an assessment can be completed by the Shift Commander.

It is the agency's policy to allow offenders who have been placed in special housing access to programs, privileges, education, and work opportunities to the extent possible. When access to

programs, privileges, education, and/or work opportunities are more restrictive than for others in special housing, staff are required to utilize the Restrictive Housing: Denial of Activity/Service form to document the following:

- The duration of the limitation; and
- The reasons for such limitations.

Any assignment of an offender in special housing requires a review every seven days for the first two months and every 30 days thereafter. Agency policy stipulates involuntary placements in special housing for protection of an offender identified at high risk of sexual victimization shall not ordinarily exceed 30 days. Staff is required to afford each such offender a review to determine whether there is a continuing need for separation from the general population. The review is documented on the agency's Special Housing Status Review Report.

Evidence Relied Upon:

Policy – 425.4 pg. 5, 15-16

Policy – 425.4RH pg. 5, 18-19

Policy – 810.1 pg. 7

Policy – 810.2 pg. 4

Policy – 830.5 pg. 8-9

Sexual Abuse/Sexual Harassment Available Alternatives Assessment

Internal Memorandums

Special Housing Status Review

Interviews with Staff

Interview with Offenders

Classification Records

Housing Records

Observations

Analysis/Reasoning:

The Auditor reviewed internal memorandums from the Wallens Ridge State Prison stating there were no offenders placed in involuntary segregation due to being at high risk of sexual victimization. One memorandum was created for each month of the previous 12-month period. The agency reported there was no offender identified at high risk of sexual victimization at the Wallens Ridge State Prison on the Pre-Audit Questionnaire. The Auditor reviewed housing and classification records and did not discover evidence an offender had been identified at high risk of sexual victimization and placed in special housing against the offender's will.

The Auditor reviewed the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. This form is utilized for reviewing available alternatives to placing an offender identified at high risk of sexual victimization in segregated housing. The form is completed by the Shift Commander and includes the following considerations:

- Reassignment to another housing unit;
- Alternative options to involuntary segregation;

- Facility transfer;
- Removal of staff from offender (allegations against a staff member);
- Was offender placed for protective custody; and
- Restrictions of programs, privileges, education, or work opportunities.

The Auditor conducted formal interviews with classification staff. The Auditor asked classification to explain the process when placing a high-risk offender involuntarily in segregation. Classification informed the Auditor if they place an offender involuntarily in segregation an immediate assessment is conducted to view available alternatives. The Auditor was informed there are multiple male living units which could be utilized without having to place the offender involuntarily in segregation. Classification staff was aware that offenders identified at risk of sexual victimization have access to programs, privileges, education, and work opportunities. Classification staff was asked how often a review to determine a continued need of involuntary segregation is conducted. The Auditor was informed a review is conducted every week for the first two months then every 30 days thereafter.

At the time of the audit there was no offender housed in protective custody to maintain separation from likely abusers. The Wallens Ridge State Prison does not utilize protective custody. Offenders in need of protective custody are typically sent to the Red Onion State Prison. The Auditor asked the Warden how difficult it is for him to ensure a transfer of an offender. The Warden informed it is not difficult if there is a need to make a transfer.

The Auditor reviewed housing and classification records and discovered no offender identified at high risk of sexual victimization was placed in involuntary segregation. The Auditor interviewed medical and mental health personnel. Medical and mental health staff are informed when offenders are identified at high risk of sexual victimization. The Auditor was informed by classification staff they can transfer an offender to another DOC facility in the event an offender identified at high risk of sexual victimization or abusiveness is identified and cannot otherwise be housed in the facility. This is a last resort as the facility has multiple housing options available to ensure the offenders safety.

The Auditor interviewed several security personnel who supervise inmates in the segregation housing unit. Staff was asked if offenders in segregated housing receive access to programs, privileges, education, and work opportunities. Staff informed offenders have access to programs, education and work opportunities upon request, dependent upon legitimate facility security concerns. Privileges are provided to all offenders in the segregation housing unit. The Auditor asked if staff have ever supervised an offender in segregation housing who was identified at high risk of sexual victimization. No staff member could recall doing so.

The Auditor conducted a detailed tour of the facility. Observations were made of each offender living unit. The Auditor observed multiple areas which can house offenders to ensure those identified at risk of sexual abuse are protected from sexual abusers. Offender movement throughout the facility is strictly controlled by staff.

The Auditor conducted an interview with an offender who alleged an incident of sexual abuse within the previous 12 months. The offender stated the allegation was unsubstantiated by the investigator. The Auditor asked the offender if his living unit assignment had changed since making the allegation. He stated the other offender was moved to another living unit after the allegation was made. The Auditor asked the offender if he has had contact with the alleged abuser since the incident took place. The offender stated he has not seen the other offender since making the allegation.

The Auditor conducted formal interviews with several offenders who alleged an incident of sexual harassment. Those offenders informed the Auditor the offender who allegedly harassed them was moved to another living unit and they had not had contact since the incident.

Conclusion:

Although the Auditor discovered no evidence an inmate had been identified at risk of sexual victimization who was placed involuntarily in segregation the facility has policies and procedures in place to ensure appropriate placement and reviews are conducted. The Auditor made observations, conducted a review of policies, procedures, classification records, housing records, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders at the Wallens Ridge State Prison may report verbally or through written communication in the following manners:

- Verbally to any employee, including chaplains, medical, mental health, counselors, security, or administration;
- Utilizing the Sexual Assault Hotline Number; and
- In writing using an Offender Request form.

The agency provides offenders the option of reporting sexual abuse and sexual harassment through the offender telephone system with a quick dial option. Agency policy requires employees to receive and immediately forward offender reports of sexual abuse or sexual harassment to WRSP officials, allowing the offender to remain anonymous upon request.

Agency staff is required to accept reports made verbally, in writing, anonymously, and from third parties and are required to promptly document any verbal reports on an Internal Incident Report with PREA checked in the description field. All reports must be promptly documented by staff.

The agency had no offenders who were detained solely for civil immigration purposes at the time of the audit. The Virginia Department of Corrections does not house persons detained solely for civil immigration purposes.

Evidence Relied Upon:

Policy – 038.1 pg. 5

Policy – 038.3 pg. 8

Policy – 801.6 pg. 1

Policy – 803.3 pg. 7

Policy – 866.1 pg. 2,12

Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure

Virginia Sexual and Domestic Violence Action Alliance Contract

Internal Incident Report

PREA Investigative Report Checklist

Informal Complaint form

Offender Handbook

Training Curriculum

Staff Training Records

Investigative Records

Interviews with Staff

Interviews with Inmates

Analysis/Reasoning:

The Auditor reviewed the Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure provided to each offender during the admission process. The brochure informs offenders they can report allegations through the Hotline number, tell a staff member, ask a family member or friend to report, meet with a mental health professional and/or write the Action Alliance (address provided). The Brochure also informs offenders outside advocates for emotional support services are available from the Virginia Sexual and Domestic Violence Action Alliance. The brochure provides the telephone number and address to the (VSDVAA).

The Auditor reviewed the agency's Offender Handbook. The Offender Handbook informs offenders they may report sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to acts of sexual abuse or sexual harassment to any staff member, contractor or volunteer. The handbook informs offenders can also report by calling the toll-free hotline on the Inmate Phone System. Offenders are given the option to submit a claim in writing through an Offender Request, Emergency Grievance or Informal Complaint. Each offender receives an Offender Handbook upon admission to the agency.

The Auditor reviewed facility training records and curriculum. VA DOC employees are provided training that includes sexual abuse and sexual harassment reporting procedures. Staff is

informed to accept all allegations of sexual abuse and sexual harassment, including; verbal, written, anonymous, and those from third parties. Contractors and volunteers are trained to accept verbal and written allegations, immediately report to a security staff member, and document all allegations of sexual abuse and sexual harassment.

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports of sexual abuse and sexual harassment. Staff answered "yes." Staff members were asked how quickly they are required to report the allegation. Each staff member stated they are required to report the allegation immediately. The Auditor asked each if they were required to document the allegation. The Auditor was informed staff is required to submit an Incident Report promptly to document the allegation. Staff was asked how they could privately report allegations of sexual abuse or sexual harassment of offenders. Staff informed the Auditor they could report the allegation to their supervisor, privately inform an investigator or a member of the command staff or utilize the "800 number." Staff informed the Auditor command staff maintains an open-door policy.

The Auditor conducted formal interviews with contract and volunteer personnel. Each was asked what actions they would take if they received information from an offender about a sexual abuse or sexual harassment incident. The Auditor was informed they would immediately inform a security staff member. The Auditor asked each if they were required to document information they receive regarding sexual abuse or sexual harassment. Each stated they are required to document the allegation. Each informed the Auditor they are required to report any information, knowledge, or suspicion regarding sexual abuse or sexual harassment of offenders.

The Auditor conducted formal interviews with offenders. The Auditor asked offenders to explain the various ways available for making a report of sexual abuse or sexual harassment. The offenders interviewed by the Auditor explained they can inform any staff member, call a hotline number, submit an emergency grievance or request form, and/or have someone else make a report for them. The Auditor asked each if there was a staff member they felt confident they could report an allegation of sexual abuse or sexual harassment to. Each (excluding one) stated there is staff they could make an allegation to and they were confident the incident would be dealt with appropriately. When asked if the offenders felt the allegation would be kept confidential the majority believed the allegation would be maintained confidential. The Auditor asked each offender if they were able to make an allegation without having to give their name. The offenders interviewed understood they could make an allegation anonymously. The Auditor asked each staff member if they could make a report through the PREA Hotline. Staff stated they could utilize the hotline.

The Auditor reviewed investigative records. Investigative records revealed staff are reporting allegations to supervisors. Investigative records include Incident Reports written by staff members who reported allegations. The Auditor reviewed one incident that was reported anonymously through the offender hotline number. The community organization that monitors the hotline forwarded the complaint to the WRSP; a full investigation of the allegation was completed. The Auditor reviewed evidence staff are accepting verbal reports and submitting Internal Incident Reports of the verbal allegation. Investigative records reveal staff are

immediately informing their supervisors and investigations are completed promptly. There were no allegations filed against a staff member or an offender by a third-party.

At the time of the audit there were no offenders detained solely for civil immigration purposes.

Conclusion:

The facility provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment, including a public office and private entity. The facility requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies and procedures, PREA Brochure, contract, Offender Handbook, Investigative records, training records, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or participate in any process which requires interaction with the perpetrator. VA DOC policy stipulates nothing in the policy shall restrict the agency's ability to defend against a lawsuit on the grounds that the applicable statute of limitations has expired.

Agency policy states any offender wishing to submit a grievance alleging sexual abuse against a staff member may do so without submitting it to a staff member who is the subject of the complaint. Agency policy prohibits such grievances from being referred to a staff member who is the subject of the complaint.

The Agency has the following grievance levels:

- Level I – Facility Unit Head;
- Level II – Regional Administrator, Health Services Director, Superintendent for Education, or Chief of Operations for Offender Management Services; and
- Level III – Chief of Corrections Operations or Director.

Policy requires a decision on Level I grievances be rendered within 30 calendar days. Level II and II grievances must be determined within 20 calendar days. An extension may be granted up to 30 calendar days if the normal response time is insufficient to render an appropriate decision. Policy stipulates no extensions of grievances alleging sexual abuse will extend 70 days. Following an extension, the offender must be notified in writing and provide a date by which a decision will be made. Facility policy allows an offender to consider an absence of response to a grievance alleging sexual abuse to be a denial at any level of the administrative process.

The VA DOC allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing requests for grievances relating to allegations of sexual abuse and to file such requests on behalf of the offender. The agency requires a condition of processing the request that the alleged victim agree to have the request filed on his/her behalf. The alleged victim must personally pursue subsequent steps in accordance with the grievance procedure. When an offender declines to have the request processed on his/her behalf, the institution documents the offender's declination.

Agency policy requires all emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse be immediately forwarded to the Administrative Duty Officer or Shift Commander. Policy requires the Administrative Duty Officer or Shift Commander provide a response within 8 hours. Policy requires the response and final decision document whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Evidence Relied Upon:

Policy – 038.3 pg. 9

Policy – 866.1 pg. 2-4, 7-12

Offender Handbook – pg. 12-15, 26-27

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Wallens Ridge State Prison reported there were neither allegations of sexual abuse nor allegations of imminent risk of sexual abuse reported through the regular grievance procedure, emergency grievance procedure or by a third-party in the past 12 months.

The Auditor reviewed the agency's Offender Handbook. The handbook informs offenders how to report allegations of sexual abuse and allegations of substantial risk or imminent sexual

abuse. The procedures listed in the Offender Handbook include how to submit a grievance alleging such incidents. Each offender receives an Offender Handbook at the time of admission.

The Auditor conducted formal interviews with offenders. The Auditor asked each inmate if they could file a grievance if they felt they were at risk of imminent sexual abuse. The offender population was aware they could file such a grievance. Offenders stated they could file an emergency grievance. The Auditor asked each offender interviewed if he/she filed a grievance alleging an imminent risk of sexual abuse. The offenders were aware of the grievance process and no offender informed he had done so. Most offenders stated they would either just inform a staff member or use the hotline number. Each offender was asked how difficult it is for them to access a grievance form. The Auditor was informed the forms are made available in the unit office for their access. If forms are not readily available, the staff provide them in a timely manner. Each offender was asked if he was required to give his name when alleging sexual abuse. Offenders were aware they could submit an allegation anonymously.

The Auditor conducted formal interviews with random and specialized staff. Staff was asked if the facility allows offenders the opportunity to submit grievances alleging a risk of imminent sexual abuse. The Auditor was informed offenders can submit such grievances. Facility staff understood the procedures for submitting emergency grievances alleging a risk of imminent sexual abuse. Supervisors interviewed by the Auditor were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse. A review of grievance records reveals no offender submitted an emergency grievance alleging an imminent risk of sexual abuse.

The Auditor interviewed one offender who submitted a grievance alleging sexual harassment. The grievance was not deemed an emergency. A facility investigator came and spoke to the offender regarding his allegations. The offender was notified of the investigative results.

Conclusion:

Although there were no emergency grievances submitted during this audit period for the Auditor to review, the Auditor determined the facility has appropriate procedures in place for processing such grievances. Facility staff understands those procedures and the offender population is aware they can submit grievances alleging a risk of imminent sexual abuse. The Auditor reviewed the agency's policies and procedures and conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The VA DOC has a policy to provide offenders with mailing addresses and telephone numbers, including toll-free hotline numbers of community victim advocates for emotional support services. Agency policy requires facilities to allow reasonable communications between offenders and the organizations and agencies, in as confidential manner as possible.

The Virginia Department of Corrections requires facilities to inform offenders of the extent to which communications to those organizations and agencies will be monitored and forwarded in accordance with mandatory reporting laws prior to giving the offenders access.

Agency policy stipulates the agency will maintain a Memoranda of Understanding with a community service provider who is able to provide offenders with confidential emotional support services related to sexual abuse. Policy requires the PREA Coordinator maintain copies of those agreements.

Evidence Relied Upon:

Policy – 038.3 pg. 13

Zero Tolerance Brochure

Virginia Sexual and Domestic Violence Action Alliance Contract

Interview with Staff

Interview with Offenders

Analysis/Reasoning:

The Auditor reviewed a contract between the Virginia Department of Corrections and the Virginia Sexual and Domestic Violence Action Alliance (VSDAA). The VSDAA agrees to provide a toll-free (statewide) hotline number for offenders to access reporting of sexual abuse incidents. The contract allows the VSDAA to remain confidentiality for all callers in accordance with maintaining State and Federal laws. This contract also allows the VSDAA to immediately forward any report of sexual abuse or assault to the PREA Coordinator when the release of such information is agreed upon by the victim. The telephone number of the PREA Coordinator is listed in the contract.

The VSDAA agrees to provide confidential crisis intervention and emotional support services related to sexual abuse to VA DOC offender victims. The VSDAA hotline is monitored by two VSDAA staff from 8:00 a.m. to 8:00 p.m. Monday through Friday and by one staff member during overnight and weekend hours. The hotline is monitored 24 hours each day, seven days each week. The VSDAA also links offender victims to accompaniment services by trained victim advocates upon request of the victim. The VSDAA provides training for volunteer victim advocates internal to the VA DOC. The limitations on recording and monitoring of phone calls is painted on the wall above each telephone in the offender living units.

The Auditor conducted formal interviews with facility and agency investigators. Investigators stated victim advocates are escorted into the facility to accompany an offender victim of sexual abuse during the forensics examination and criminal interviews. An interview with the SANE revealed the SANE contacts the victim advocate when requested by the offender. The SANE stated she does allow the victim advocates presence when requested by the offender victim.

When an offender is admitted to the Virginia Department of Corrections, he/she is provided a Zero Tolerance Brochure. The Zero Tolerance Brochure includes the hotline number and address to the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). There is a telephone number listed for interpretive services and TTY or relay service on the brochure. The brochure is provided to each offender by VA DOC personnel during the admission process.

The Auditor conducted formal interviews with offenders. Each offender was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. The Auditor discovered several offenders interviewed were unaware of the community support services. The Auditor asked those who were unaware if they were provided the PREA Brochure and an Offender Handbook. They stated they had been provided the information but chose not to read it. Those offenders still understood there

was an address to a community organization in the brochure. Offenders informed the Auditor they observed information posted in the living unit regarding the community support provider.

At the time of the audit there were no offenders detained solely for immigration purposes.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through a contract with the Virginia Sexual and Domestic Violence Action Alliance. Contact information with the organization is provided to each offender upon booking in the PREA Brochure. The Auditor reviewed the agency's policies and procedures, contractual agreement, PREA Brochure and interviewed staff and offenders to determine the facility meets the requirements of this standard.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

It is the policy of the Virginia Department of Corrections to accept third-party reports of sexual abuse and sexual harassment. The agency's third-party reporting policy allows third-party reports of sexual abuse and sexual harassment be made by the following:

- Fellow offenders;
- Staff members;
- Family members;
- Attorneys; and
- Outside victim advocates.

The policy requires information on how to report sexual abuse and sexual harassment be made available to the public on the agency's website. The Auditor reviewed the agency's website. The website includes a statement informing the public how to file an allegation of sexual abuse or sexual harassment on behalf of an offender. The statement informs the public to call the

hotline number and includes the telephone number for such. The agency's website includes an email link to submit third-party reports and informs for assistance with reporting incidents there is a separate telephone number.

A review of the Offender Handbook reveals offenders are informed how third parties may file an allegation of sexual abuse or sexual harassment on behalf of an offender.

Evidence Relied Upon:

Policy – 038.3 pg. 9

Agency Website

Third Party Reporting Form

Offender Handbook, pg. 27

Investigative Reports

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the Virginia Department of Corrections' website. The website informs the public how to make a report of sexual abuse or sexual harassment. The public is informed they can make a report by calling the hotline number or through email by the provided email address link. The website includes a link to the agency's Third-Party Reporting Form. The Third-Party Reporting Form is published in English and Spanish. The form includes directions for the public to submit the form and provides an address for submission of the report.

Prior to arriving at the Wallens Ridge State Prison the Auditor tested the agency's third-party reporting process. The Auditor accessed the agency website and submitted a test email utilizing the link to the email address provided on the agency's website. The test email was submitted on May 12, 2019 at 9:59 p.m. The Auditor received a response to the test email on May 13, 2019 at 8:40 a.m. An agency staff member responded to the email in 10 hours and 41 minutes.

VA DOC staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews with staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation.

The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. During interviews offenders informed the Auditor they could tell a staff member, write an emergency grievance, or inform someone from the public to make an allegation for them. Offenders were aware they could make a report anonymously. All offenders interviewed were aware of the toll free PREA Hotline available for reporting. All offenders interviewed understood how to have a third-party make an allegation of sexual abuse or sexual harassment on their behalf and most stated they would make such an allegation through the PREA Hotline. The Auditor observed the hotline number painted on the wall in each living unit above the telephones.

The Auditor reviewed investigative records. Evidence was found of third-party and anonymous reports of sexual harassment. Staff receiving the allegation informed a supervisor and documented the allegation on an Incident Report. Each allegation was investigated promptly, to the fullest extent, and staff took immediate actions to ensure the alleged victim was safe from the alleged aggressor.

Conclusion:

The Auditor found the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the facility's website how to make third-party reports on behalf of offenders. The Auditor reviewed the agency's policies and procedures, website, investigative reports and conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

All agency staff, volunteers and contractors are required to immediately report any knowledge, suspicion, or information related to the following:

- An incident of sexual abuse or sexual harassment, whether or not it is part of the DOC;
- Retaliation against offenders or staff who reported such an incident;
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff is prohibited from revealing any information related to an allegation of sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Staff are required to immediately report allegations of sexual abuse and sexual harassment to the designated facility investigator and submit an Incident Report. Policy requires the facility investigator to immediately notify the PREA Analyst.

Medical and mental health practitioners at agency facilities are mandatory reporters of sexual abuse and are required to inform offenders of their duty to report and the limitations of confidentiality prior to conducting a Medical or Mental Health Screening, Appraisal or Examination. Policy requires medical and mental health providers to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim and abuser. Practitioners are required to report allegations of victims under the age of 18, or those considered a vulnerable adult under State or local vulnerable persons statute, to designated State or local services agencies under applicable mandatory reporting laws.

Evidence Relied Upon:

Policy – 030.4 pg. 10
Policy – 038.1 pg. 5
Policy – 038.3 pg. 9
Policy – 720.2 pg. 3
Policy – 720.7 pg. 5
Policy – 730.2 pg. 7-8
Policy – 801.6 pg. 1
Investigative Reports
Population Reports
Interviews with Medical Professionals
Interview with Mental Health Professional
Interviews with Staff
Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed investigation records. One investigative report was reviewed in which an offender reported an allegation through the hotline number and verbally to a mental health professional. The mental health professional immediately notified the facility investigator. The VSDAA notified the facility by telephone. The following staff were also notified: Western Region PREA Analyst, Warden and Operations Manager. An investigation was conducted, and the determination was no evidence found to support the offender's allegation.

The Auditor reviewed an investigation report in which an offender alleged offender on offender sexual harassment through an offender request form. The request form was submitted to a medical staff member. The medical staff member immediately reported the allegation to the facility investigator. The investigator informed the Warden, Operations Manager and the Western Region PREA Analyst.

The Auditor reviewed the investigative report of an allegation reported by the VSDAA. This was an allegation made anonymously. The investigator submitted an Incident Report regarding the anonymous allegation received through the hotline. The investigator notified the Warden and Operations Manager. An investigation was conducted, and the determination was unfounded.

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the WRSP. Each was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff was required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion, or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff interviewed informed the Auditor they were required to immediately report such. Each staff member interviewed stated they were required to promptly document any information, knowledge or suspicion of such on an Incident Report. Staff informed they submit an Incident Report as soon as they are finished dealing with the incident.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information obtained related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, classification, and investigators. Staff understood the facility's policy requiring them to discuss information with those with a "need to know." The Auditor asked staff if they discuss the information during shift briefings. Each staff member stated "no."

The Auditor conducted formal interviews with medical and mental health professionals. Each was asked if they were required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. Each informed the Auditor they were required to report such. The Auditor asked how they report. They informed they immediately report the information to a security staff member and submit a report regarding the information. The Auditor asked each who they report information related to a sexual victimization that occurred in a community setting to. Each informed they do not report without first obtaining written consent from the offender. The medical and mental health personnel have not had an instance in which they reported information regarding a sexual abuse that occurred in the community during this audit period. Each is aware of the requirement to obtain written informed consent and to provide the limitation of confidentiality at the initiation of services. Medical staff informed the auditor they report victimization suffered in an institutional setting to security supervisors.

Security, contract and volunteer personnel interviewed by the Auditor are aware of the requirement to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The Auditor conducted an interview with one of the facility's sexual abuse investigators. The investigator was asked questions regarding third-party and anonymous reports. He informed all allegations are investigated regardless of how they are reported. The investigator stated anonymous allegations are more difficult to conduct but he conducts the investigation until a determination can be made.

At the time of the audit there were no youthful offenders housed in the facility. The Auditor reviewed the previous 12 months of population reports and discovered no evidence a youthful offender was housed during this audit period. The Wallens Ridge State Prison does not house youthful offenders who have been certified as adults through the Virginia court system. If the offender is below the age of 18, he/she will be housed in a Virginia prison designated to house juveniles.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. Interviews with medical and mental health practitioners reveal they understand the requirements for reporting sexual abuse and sexual assault which occurred in the community and in a confinement setting. The Auditor reviewed agency policies and procedures, investigative reports, and interviewed staff, contractors, volunteers and medical and mental health professionals and determined the facility meets the requirements of this standard.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy requires facility staff to take immediate actions to protect an offender when learning an offender is at risk of imminent sexual abuse. Each offender is screened for potential vulnerabilities or tendencies for acting out with sexually aggressive behavior within 24 hours of admission to the agency. Offenders who are discovered at risk of sexual victimization are referred to a qualified mental health professional who immediately consults with the Facility Unit Head or designee to recommend immediate protection actions.

Evidence Relied Upon:

Policy – 038.3 pg. 4
Policy – 425.4 pg. 3
Policy – 425.4RH pg. 3
Policy – 730.2 pg. 6
Investigative Records
Interviews with Staff
Interviews with Offenders
Classification Records
Observations

Analysis/Reasoning:

The Auditor reviewed the investigative records of each allegation reported within the previous 12 months. One offender alleged he was sexually assaulted while housed at another facility; no immediate protections measure was required at the Wallens Ridge State Prison. In each of the other three incidents the alleged victim was immediately separated from the abuser. The facility reported there were 3 offenders who discovered to be at risk of imminent sexual abuse. These offenders reported allegations. The Auditor interviewed one offender who reported sexual abuse. The offender was immediately separated from the alleged abuser. The alleged abuser

was placed in a different living unit and the alleged victim has not had contact with the alleged abuser since the incident was alleged.

The Auditor participated in a detailed tour of all facility areas. The Auditor observed multiple male living units available to ensure an inmate who is at risk of imminent sexual abuse can be housed separately from abusers. The facility can transfer abusers or victims to another VA DOC facility. The Auditor observed four housing units which have 6 living units in each.

Formal interviews were conducted with facility supervisors. Facility supervisors were asked to explain how offenders are protected when learning an offender is at substantial risk of sexual abuse. The Auditor was informed the offenders will be separated from each other by moving the alleged aggressor from his living unit and temporarily placed in another while an investigation was being conducted. The investigator and Classification Officer are informed of the alleged incident.

The Auditor conducted formal interviews with classification staff. Staff was asked how they ensure the protection of an offender who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked if any other classification adjustments would be considered. Classification informed programming, work, and educational assignments would be reviewed to ensure the victim will be maintained separately from abusers. Classification stated they would meet with the offender who alleged an imminent risk of sexual abuse to ensure he is maintained safely in the facility. If need be, the Classification Officer would recommend a transfer to another DOC facility to ensure a victim is housed away from the abuser.

The Auditor conducted formal and informal interviews with both security and non-security staff members. Each was asked what they would do if they were the first person to gain knowledge an offender was at risk of imminent sexual abuse. Staff informed the Auditor they would immediately remove the offender from the population and notify their supervisor. Non-security personnel stated they would immediately notify a security staff member and stay with the victim to ensure he was safe. Supervisors informed the Auditor they would make sure the victim was separated from the aggressor and inform classification and the facility investigator to ensure an investigation was conducted.

Interviews were conducted with randomly selected and specifically targeted offenders. The Auditor asked each if they felt safe in the facility. Each stated they do feel safe in the facility. Several offenders informed the Auditor the WRSP is the safest place they have been incarcerated in. The Auditor asked each if they felt confident in staff's ability to ensure their protection. An overwhelming majority informed the Auditor they are confident in staff's ability to protect them. The Auditor asked why those offenders were not confident in staff's abilities. After probing for additional information, the Auditor determined the offenders did have some staff the offenders were confident in.

The facility reported no incidents in which facility staff learned an offender was at substantial risk of imminent sexual abuse. The Auditor reviewed classification records and found no evidence in which an offender was determined at risk of imminent sexual abuse.

Conclusion:

The Auditor concluded that staff, volunteers, and contractors take appropriate actions to ensure the protection of offenders who are at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policy and procedures, made observations and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

Standard 115.63: Reporting to other confinement facilities**115.63 (a)**

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

Agency policy requires the Facility Unit Head notify the head of the facility or appropriate office of the facility where an alleged sexual abuse occurred upon receiving an allegation that an offender was sexually abused while confined at another facility. Policy dictates the notification must be documented and take place within 72 hours after receiving the allegation. The Facility Unit Head is required to document the notification.

Policy requires the Facility Unit Head to ensure an allegation received from another facility is investigated.

The Wallens Ridge State Prison reported there were no sexual abuse allegations received from other facilities during this audit period.

Evidence Relied Upon:

Policy – 030.4 pg. 10

Policy – 038.3 pg. 6-7

Notifications to other Facilities

Interviews with Staff

Analysis/Reasoning:

The Wallens Ridge State Prison reported receiving no notifications from another facility that one of WRSP former offenders alleged being sexually abused while incarcerated at the WRSP in the past 12 months. The Auditor reviewed two notifications sent by the Facility Unit Head in which the offenders alleged suffering sexual abuse while incarcerated at another facility in the past 12 months.

One offender notified the WRSP staff on October 11, 2018 he was sexually assaulted by his “cell partner” while confined at another agency facility. The Facility Unit Head was notified by email the same day at 5:02 p.m. The Facility Unit Head sent an email to the facility head of the other facility at 10:36 the same day. The notification was made 5 hours and 34 minutes after it was received by the WRSP Facility Unit Head.

A second offender reported suffering sexual abuse at another facility in November 2018. The allegation was made against an agency staff member. WRSP staff reported the allegation to the Facility Unit Head. The WRSP Facility Unit Head reported the allegation to the head of the other facility 45 minutes after receiving the allegation.

The Auditor conducted an interview with the Wallens Ridge State Prison Warden. The Warden is aware of his requirement to report allegations of sexual abuse to other confinement facilities within 72 hours after receiving the allegation. Notification to other agencies is made by telephone and followed up with an email. The Warden has made two notifications to other DOC facilities in the previous 12 months. The Warden has not received a notification from another facility that a former WRSP inmate alleged suffering sexual abuse while housed at the WRSP. The Warden ensures all allegations received by other facilities are fully investigated.

The Auditor conducted formal interviews with facility staff and contract personnel. Each person interviewed stated they are required to immediately report and document any and all knowledge, suspicion and information regarding sexual abuse and sexual harassment. The Auditor asked each how quickly they are required to report and was informed “immediately.”

Conclusion:

The Warden fully understand the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members at the Wallens Ridge State Prison understand the agency’s requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency’s

policies and procedures and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections maintains a policy that requires the first security staff member to respond to an alleged sexual abuse perform the following steps:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Agency policy requires a non-security first responder to request the alleged victim not take actions that could destroy physical evidence and notify a security staff member.

Staff are required by policy to take immediate steps to ensure the safety of the victim and immediately notify medical and mental health practitioners.

Evidence Relied Upon:

Policy – 030.4 pg. 6

Policy – 038.3 pg. 10

Policy – 075.1 pg. 6

Investigative Reports

Sexual Assault Response Checklist

Interviews with Security First Responders

Interviews with Non-Security First Responders

Analysis/Reasoning:

The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. Each security staff member was able to articulate an appropriate response which included the above listed actions following an alleged sexual abuse incident. The Auditor asked each how they would ensure the alleged victim and alleged abuser were separated. Staff informed they immediately lock the living unit down and remove the victim and abuser from the living unit. Staff stated they would immediately call for assistance and inform their supervisor.

Each staff member was asked how they ensure the protection of evidence of the crime scene. The Auditor was informed the cell would be secured if the incident happened in a cell. Staff stated they would lock the unit down and tape off the area in the dayroom if the incident happened in the dayroom or showers. The population would remain on lockdown until the investigator was able to process the crime scene. Staff informed the Auditor a logbook will be maintained to ensure each person who entered the crime scene and any removal of items would be included in the logbook.

The Auditor asked supervisory and subordinate staff to explain who would be allowed in a crime scene following an alleged sexual abuse. Staff stated the investigator would be the only person allowed in a crime scene to process physical evidence. Supervisors were asked to explain their response following an alleged sexual abuse. The Auditor was informed they would ensure the alleged victim and alleged abuser were immediately removed from the crime scene and maintained separately in the facility. The crime scene would be secured, or a staff member posted to ensure no one enters the scene. Supervisors stated they would send the victim to the medical area for immediate medical treatment. Supervisors stated they would then immediately inform the facility Sexual Abuse Investigator. Supervisors were asked if they would ensure the abuser received medical attention and informed the Auditor “yes.”

The Auditor conducted formal interviews with non-security personnel. Each non-security personnel interviewed by the Auditor were asked what actions they take following an alleged sexual abuse. The personnel were able to articulate they would ensure the victim remains with them and immediately inform a security staff member. The Auditor asked each how they ensured the evidence would be preserved. Non-security personnel informed they would request the victim not take actions to destroy any evidence. Non-security personnel were aware of the first responder requests such as not washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Medical personnel at the facility have received specialized training to preserve physical evidence while treating victims of sexual abuse. Medical personnel informed they would first ensure a victim’s immediate medical needs are met. Medical personnel stated they would request the victim not use the restroom, shower, or take any other actions which could destroy evidence. Staff explained how they attempt to preserve evidence while treating a sexual abuse victim. Medical staff informed they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. The Auditor was informed forensic examinations occur at the facility by a SANE from the community hospital. The Auditor observed the area where the examinations occur.

The facility reported there were 4 allegations of sexual abuse made by offenders in the past 12 months. Of the four incidents, none were responded to by non-security personnel. Three of the four incidents required security staff first responders. One incident did not require first responder duties as the allegation was made against an offender housed at another facility. One incident was reported in a time limit that allowed for the collection of physical evidence.

The Auditor reviewed all four investigative reports. In each case of the incidents alleged to have occurred at the WRSP the security staff immediately separated the alleged victim from the alleged abuser. Only one of the four reported allegations required security staff responders to preserve and protect evidence. Staff separated the victim and requested the offender not to take actions that would destroy physical evidence. The SANE was dispatched to the facility and no evidence of sexual abuse was discovered. Facility video evidence revealed the offender fabricated the allegation.

Facility investigators utilize a Sexual Assault Checklist to record staff response following an allegation of sexual abuse. The Sexual Assault Checklist records the following information:

- Incident date, time and location;
- Reporting staff member;
- Description of incident;
- Alleged victim(s) and abuser(s);
- Notification of staff;
- Separate victim and abuser;
- Preserve and protect evidence;
- Request not to destroy evidence;
- Ensure abuser not destroy evidence;
- Medical attention;
- Notification of Facility Unit Head and Administrative Duty Officer;
- Contact Special Investigation Unit;
- Photographs taken;
- Transporting victim to local hospital;
- Referral for counseling and mental health services;
- Interview victim for protective custody needs;
- Follow-up medical treatment or mental health services;
- Notification of PREA Coordinator or PREA Analyst;
- Completing of IIR or IR; and
- Notifications of Operations and Logistics Unit.

The Sexual Assault Checklist requires the staff member completing the form to notate the staff member who performed the above listed actions and record the time of action.

Conclusion:

The Auditor determined both security and non-security staff are knowledgeable in their duties as first responders of sexual abuse. The Auditor reviewed agency policies and procedures and conducted interviews with security and non-security staff to determine the facility meets the requirements of this standard.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Auditor Discussion:

The agency's policy requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility utilizes the agency's Sexual Assault Response Checklist to supplement the coordinated response plan. The Sexual Assault Response Checklist requires staff to ensure actions in the coordinated response plan are followed.

Evidence Relied Upon:

Policy – 038.3 pg. 10

Policy – 075.1 pg. 6

WRSP Coordinated Response Plan

Investigative Records

Staff Interviews

Analysis/Reasoning:

The Wallens Ridge State Prison has a written Coordinated Response Plan. The plan includes response actions for staff first responders, supervisors, medical and mental health practitioners, investigators and facility leadership.

The Auditor reviewed investigative records of four allegations made at the WRSP. A review of investigative records show staff followed the actions outlined in the coordinated response plan. Each investigative report included the completed Sexual Assault Response Checklist as required by policy.

During interviews with specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigator, and leadership questions regarding their duties in response to an alleged sexual abuse incident. Each specialized staff interviewed by the Auditor was knowledgeable regarding their required actions. The totality of responses confirms the facility has ensured appropriate actions are taken in response to an alleged sexual abuse incident and staff has been appropriately trained to respond to such incidents.

Conclusion:

The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the agency's policies, procedures, coordinated response plan and interviews with staff, the Auditor determined the facility meets the requirements of this standard.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Evidence Relied Upon:

Code of Virginia
Staff interviews

Analysis/Reasoning:

Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.

Interviews with staff reveal staff at the Wallens Ridge State Prison do not participate in any union or collective bargaining agreements.

Conclusion:

The Auditor determined facility personnel do not participate in a collective bargaining agreement. After a review of agency policies, procedures, Code of Virginia and interviewing staff the Auditor determined the facility meets the requirements of this standard.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor Discussion:

The VA DOC has a policy to ensure the protection of offenders and staff from retaliation who report allegations of sexual abuse, sexual harassment, or those who cooperate with sexual abuse/harassment investigations. Agency policy requires Facility Unit Heads designate appropriate staff to monitor the conduct and treatment of offenders and staff who report or cooperate with an investigation of sexual abuse or harassment. Agency protection methods required by policy include the following:

- Housing changes;
- Transfers for offender victims or abusers;
- Removal of alleged staff or offender abusers from contact with victims; and
- Emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The appropriate designated staff member is required to monitor the conduct and treatment of offenders or staff who reported an allegation of sexual abuse and for offenders who suffered sexual abuse for at least 90 days. The monitor is required to act promptly to remedy any such retaliation. The monitor is responsible for determining if there are changes that may suggest possible retaliation by offenders or staff. The retaliation monitor is required to continue monitoring beyond the 90-day period in the event initial monitoring indicates a continuing need. The agency requires facilities monitor the following:

- Disciplinary reports;
- Housing or program changes;
- Negative performance reviews; and
- Reassignments of staff.

Any monitoring of staff and offenders who reported or suffered sexual abuse must include periodic status checks from the monitor. The agency places no obligation for staff to monitor retaliation if the investigation determines an allegation is unfounded.

The VA DOC requires the appropriate staff monitor to take appropriate measures to protect any other individual against retaliation if such individual expresses a fear of retaliation for cooperating with investigators.

Evidence Relied Upon:

Policy – 038.3 pg. 13-14

Policy – 075.7 pg. 2

Policy – 135.2 pg. 5

Retaliation Monitoring Logs

Investigative Reports

Interview with Retaliation Monitor

Interviews with Offenders

Analysis/Reasoning:

The agency's policy includes the requirements of PREA standard 115.66 to ensure offenders and staff is protected from retaliation by staff or other offenders. The Wallens Ridge State Prison has designated the Intelligence Officer responsible for monitoring retaliation as required by PREA standard 115.67.

The Auditor reviewed the facility's retaliation monitoring log. Thirteen offenders have been monitored for retaliation during the previous 12-months. The Auditor reviewed investigative records of 7 offenders. The shortest time period of monitoring was one month. This allegation

was unfounded. The longest period of monitoring was for 6 months. This was an unsubstantiated allegation.

The Auditor conducted a formal interview with a staff member responsible for monitoring retaliation. The Auditor asked the staff member to explain what he reviews when performing retaliation monitoring. The Auditor was informed he reviews disciplinary charges, Incident Reports, classification actions, staff evaluations, and duty assignments. The Retaliation Monitor reviews documents maintained in an offender's CORIS record. The Auditor asked the staff member to discuss the process if retaliation is against a staff member. The Auditor was informed the monitor will review shift and post assignments, disciplinary actions, grievances, and evaluations. He also meets with the employee and his/her supervisor and appropriate leadership personnel. The monitor will recommend staffing reassignments if needed.

The Auditor asked the Retaliation Monitor what the maximum amount of time he will monitor for acts of retaliation. The staff member stated the WRSP does not designate a maximum amount of monitoring time. The monitoring will continue until the threat of retaliation no longer exists or the offender or staff member is no longer at the facility. The Auditor asked the minimum amount of time for monitoring retaliation. The retaliation monitor stated he monitors retaliation for a period no less than 90 days. The Auditor asked the monitor to explain what actions he takes to ensure offenders are protected if he discovers the offender is being retaliated against. The monitor explained he will recommend housing adjustments, programming assignment changes, and education adjustments, and place disciplinary charges against the person who is retaliating against the offender. He ensures other support mechanisms are offered to the offender and/or makes referrals for support services. In the event the offender cannot be protected at the facility he will recommend a transfer to another DOJC facility. The Auditor asked if there was an offender currently being monitored for retaliation. He informed there was no offender currently being monitored for retaliation.

The Auditor asked how the monitor ensures the protection of an offender who is being retaliated against by a staff member. The Auditor was informed the monitor will discuss the staff member's duty assignments with the Shift Commander to ensure the staff member is not placed in an area where the offender is housed, attends programs or education. The retaliation will be reported through the chain of command and discipline measures are taken against the staff member when warranted.

The Auditor conducted formal interviews with offenders. No offender who was the subject of a sexual abuse or sexual harassment incident, or a witness, informed the Auditor he had been retaliated against for reporting sexual abuse or sexual harassment or for cooperating with a sexual abuse or sexual harassment investigation.

The Wallens Ridge State Prison reported no acts of retaliation against a staff member or offender were alleged during this audit period.

Conclusion:

The WRSP has appointed a staff member responsible for monitoring acts of retaliation against offenders and staff. The staff member is well educated in his responsibilities for monitoring

retaliation. The Auditor reviewed the agency's policies and procedures and conducted formal interviews with staff and offenders and determined the facility meets the requirements of this standard.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy which requires the protection of an offender who is alleged to have suffered sexual abuse. The policy requires the use of segregated housing be subjected to the requirements of PREA standard 115.43.

Evidence Relied Upon:

Policy – 425.4 pg. 5, 15-16

Policy – 425.4RH pg. 5, 18-19

Policy – 830.5 pg. 8-9

Sexual Abuse/Sexual Harassment Available Alternatives Assessment

Special Housing Denial of Activity or Service

Special Housing Status Review

Interview with Segregated Housing Unit Staff

Interview with Inmates

Segregation Housing Records

Classification Records

Observations

Analysis/Reasoning:

The Auditor reviewed the agency's policy regarding the use of segregation housing to protect offenders at high risk of sexual victimization. The agency's policy states offenders identified as high risk of sexual victimization will not be placed involuntarily in segregated housing unless an assessment of available alternatives has been made, and it has been determined by the qualified mental health professional in consultation with the Regional PREA Analyst and Shift Commander that no available alternatives of separation exist. Policy requires the Shift

Commander to complete a Sexual Abuse/Sexual Harassment Available Alternatives Assessment form prior to placing a HRSV in special housing for protection. The agency's policy allows the Shift Commander to place the HRSV offender in special housing for protection for no more than 2 hours before completing the Sexual Abuse/Sexual Harassment Available Alternatives Assessment if the form cannot be completed immediately.

Agency policy requires the institution to clearly document the basis for safety concerns when placing a HRSV offender in Special Housing for protection. The Shift Commander is required to document the reason why no alternative means of separation can be arranged when placing the offender in special housing. The agency allows involuntary assignment to special housing only until alternative means of separation can be arranged; not to ordinarily exceed 30 days. Mental Health staff are required to advise whether the offender can be released to general population or transferred to the DOC Protective Custody Unit.

Agency policy stipulates HRSV offenders placed in special housing for protection shall have access to programs, privileges, education, and work opportunities to the extent possible. The institution is required to document the opportunities that have been limited, the duration of the limitation and the reason for limitations. These restrictions are required to be documented on the Special Housing Denial of Activity or Service form.

The agency conducts a review every seven days of an offender's first two months in Special Housing and every 30 days thereafter. These reviews are documented electronically on the Special Housing Status Review maintained on the agency's VACORIS system. Policy requires all offenders identified as HRSV be reviewed to determine whether there is a continued need for separation from general population. This review is documented on the Special Housing Status Review form.

The Auditor conducted formal and informal interviews with staff who supervise offenders in segregation housing. The Auditor asked if they have supervised an offender who has been placed in segregation housing after allegedly suffering sexual abuse. Each informed the Auditor they were unaware of an offender being housed in segregation for that reason. The staff was asked if offenders in segregation housing have access to programs, education, work and other privileges. The Auditor was informed offenders do have access to such, if no security concerns exist.

The Auditor discussed the use of segregation housing with the classification staff. The Auditor asked classification staff if they conduct a review of those placed in segregation after suffering sexual abuse. Classification staff informed the Auditor a review is conducted every 7 days for the first two months and every 30 days thereafter. The Auditor asked if the offender is removed from programming, education or work status as a result of being placed in segregation housing. The Auditor was informed the offender can still participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim. The Auditor asked if they had supervised an offender in segregation housing as a result of being protected as a victim of sexual abuse. They were unaware of supervising an offender for such.

Classification staff informed the Auditor there are multiple housing options available and therefore do not automatically place a sexual abuse victim in segregation for protection. Classification explained other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed there are numerous areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregation housing. Classification also stated they can transfer the abuser or victim to another DOC facility if need be. The Auditor asked if there were any offenders placed in segregation for protection as a sexual abuse victim in the last 12 months. Classification informed there were no offenders placed in segregation for protection as a sexual abuse victim.

The Auditor participated in a detailed tour of the facility, including segregation housing. A review of segregation records revealed there were no offenders housed in segregation for protection as a sexual abuse victim at the time of the audit. The Auditor observed multiple housing areas the facility can utilize to protect sexual abuse victims without having to place the victim in segregation housing.

The Auditor conducted interviews with inmates. No inmate interviewed was placed in segregation to ensure his protections from sexual abuse.

The facility reported there were no offenders placed in segregation housing for protection as a sexual abuse victim in the previous 12 months.

Conclusion:

The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency's policies and procedures, segregation records, classification records, making observations, and interviewing staff the Auditor determined the facility meets the requirements of this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections' Sexual Abuse Investigators conduct administrative and criminal investigations. The policy stipulates investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The VA DOC requires investigators receive special training to conduct sexual abuse investigations in confinement settings.

The policy requires investigators:

- Gather and preserve direct and circumstantial evidence;
- Gather any available physical and DNA evidence; and
- Any available electronic monitoring data.

Investigators shall also:

- Interview alleged victims, suspected perpetrators, and witnesses;
- Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Investigators of the agency may only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for criminal prosecution. Investigators are required by policy to assess the credibility of an alleged victim, suspect, or witness on an individual bases and may not determine credibility on the person's status as an offender or staff member. Policy prohibits requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

Policy requires administrative investigations include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Policy requires criminal investigations conducted by the Special Investigation Unit be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of documentary evidence where feasible.

Agency Sexual Abuse Investigators are required to refer substantiated allegations which appear to be criminal in nature for prosecution. Investigators are required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus an additional 5 years. Policy prohibits the termination of an investigation if an offender is released or a staff member is terminated or terminates employment.

The Wallens Ridge State Prison's Sexual Abuse Investigators are required by agency policy to cooperate with the Special Investigation Unit investigators and to endeavor to remain informed about the progress of a sexual abuse investigation.

At the time of the audit there were 4 facility staff who had received specialized training to conduct sexual abuse investigations in confinement facilities.

Evidence Relied Upon:

Policy – 030.4 pg. 10-11

Policy – 038.3 pg. 11-12

Investigator Training Records

Interview with Sexual Abuse Investigator

Investigative Records

Investigative Matrix

Observations

Analysis/Reasoning:

The Auditor conducted a formal interview with the facility's Sexual Abuse Investigator. The Investigator discussed the procedure he utilizes when investigating. He starts his investigation

with a review of information maintained in the CORIS System. The Investigator then interviews the victim, perpetrator and any witnesses, including staff witnesses. The Auditor asked what the Investigator is looking for when he reviews information maintained in CORIS. The Investigator explained he reviews criminal history, disciplinary history, looks for any current or past grievances, and any Incident Reports submitted regarding the victim, abuser, and witnesses.

The Investigator informed the Auditor he reviews any video monitoring when available. The Auditor asked the Investigator if he attempts to discover if staff actions or failures to act contributed to any incident. The Investigator stated he does review staff actions or failure to act. The Auditor asked the Investigator to explain the types of evidence he attempts to gather during his investigation process. The Investigator explained he gathers video footage, Incident Reports, Inmate Request Forms, grievances, telephone recordings, staff logs, testimonies, shift logbooks and any other relevant documents and items which could be considered evidence to support his determination. The Investigator explained he begins his investigation efforts as soon as he receives an allegation.

The Auditor observed the office areas where the facility's investigative files are maintained. Investigative files are maintained electronically and in written format in the investigators' office. All electronically stored investigative files require a password for access. The computers are in a locked office. All "hard" copies of investigative files are maintained in a locking file cabinet in a locked office. The Investigator explained all investigative files are maintained for a minimum of 5 years after the abuser has been released or a staff abuser is no longer employed with the VA DOC. The Auditor asked the WRSP Sexual Abuse Investigator if he requires offenders to submit to a polygraph examination at any time during his investigation. He explained the facility does not polygraph offenders who make an allegation of sexual abuse.

The Auditor asked the Sexual Abuse Investigator how he conducts an investigation which is reported anonymously. He stated he conducts the investigation as any other investigation. The Investigator stated he will fully investigate and attempts to make a determination. The Investigator continues his investigative efforts even if an offender is released or a staff member terminates employment during or before the investigation begins.

The Auditor reviewed 12 investigative files in which offenders alleged sexual harassment. All 12 investigations were conducted by specially trained Wallens Ridge State Prison Sexual Abuse Investigators. The Auditor reviewed 3 investigative files in which offenders alleged sexual abuse. All three investigations were conducted by WRSP staff specially trained to conduct sexual abuse investigations in confinement settings.

A review of the 15 investigative records revealed investigators are gathering physical and circumstantial evidence and interviewing alleged victims, perpetrators and witnesses. The investigative format includes a review of video monitoring and efforts to reveal if staff actions or lack thereof, contributed to an incident documented in investigative reports. The Auditor determined each investigation was conducted objectively. The Auditor observed written reports included the information as required by the PREA standard. The investigator explained how credibility assessments were conducted and credibility of a victim, perpetrator and witnesses were determined.

In the last 12 months the facility reported a total of 45 allegations reported by offenders. Four were allegations of sexual abuse and 41 were allegations of sexual harassment. One of the four sexual abuse allegations was referred to the Special Investigations Unit and is ongoing. Of the investigations conducted none were substantiated.

Facility has received four (4) allegations of sexual abuse within the previous 12 months. The Auditor reviewed all 4 investigative files. A review of the files reveals the facility's Sexual Abuse Investigator gathers evidence, interviews witnesses, victims, perpetrators, and conducts the investigation promptly and thoroughly. The Auditor observed investigative

The Auditor conducted a review of the Wallens Ridge State Prison's Sexual Abuse Investigator's training records. All four investigators had received specialized training to conduct sexual abuse investigations in confinement settings. The training seminar attended by each investigator was received as required by PREA standard 115.34 as notated earlier in this report.

No state or Department of Justice component is responsible for conducting investigations in the Wallens Ridge State Prison.

Conclusion:

The Auditor determined WRSP investigators are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. Each Investigator has received the appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. The Auditor determined the facility meets the requirements of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Evidence Relied Upon:

Policy – 135.2 pg. 4

Policy – 861.1 pg. 32

Investigative Reports

Interview with Investigators

Analysis/Reasoning:

The Auditor conducted a formal interview with the facility’s Sexual Abuse Investigator. The Investigator was questioned about the meaning of preponderance. The Investigator explained a preponderance is more evidence to either support or not support substantiating the allegation.

The Auditor reviewed 15 investigative reports. A review of the reports revealed the Sexual Abuse Investigator is utilizing a preponderance of evidence to make a determination.

Conclusion:

The Auditor was able to determine the Investigator utilizes preponderance as the basis for his determinations. The Auditor reviewed the agency’s policies and procedures, investigative reports, and interviewed an agency investigator and determined the facility meets the requirements of this standard.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy requires the facility's lead investigator make the notification to the offender. If the investigation is conducted by the Special Investigation Unit, the investigator is required to report to the Facility Unit Head to ensure the offender is notified of the investigative determination. Agency policy requires an offender be notified of actions taken following an allegation of sexual abuse against a staff member when:

- The DOC has determined the allegation is unfounded;
- The DOC has determined the allegation is unsubstantiated;
- The staff member is no longer posted within the offender's unit;
- The staff member is no longer employed at the facility;
- The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

After an offender's allegation that he/she has been sexually abused by another offender, the agency requires the offender be informed when:

- The DOC has determined the allegation is unfounded;
- The DOC has determined the allegation is unsubstantiated;
- The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy mandates the notifications be documented in the same manner as legal mail is documented. There is no obligation to inform an offender of the above listed actions if the offender is released from the agency's custody.

Evidence Relied Upon:

Policy – 030.4 pg. 11

Policy – 038.3 pg. 12-13

Notifications to offenders

Interview with Investigator

Analysis/Reasoning:

The Auditor conducted a formal interview with the agency's Sexual Abuse Investigator. The Investigator informs offenders of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the offender victim when charges are placed on the abuser or the abuser has been convicted. The Investigator informed the Auditor investigative staff makes those notifications when they are received from the Special Investigative Unit Investigator.

The Auditor reviewed 15 investigative files. Twelve files were allegations of sexual harassment and three were allegations of sexual abuse. The Auditor observed each offender was notified of the investigative determination at the conclusion of the investigation. Each investigator wrote a notice to the offender on facility letterhead. Each notification reviewed by the Auditor stipulated the determination.

Of the 15 notifications reviewed 12 were related to allegations of sexual harassment. Eleven allegations were made against staff members while one was against another offender. Ten allegations were unfounded and 2 were unsubstantiated. After reviewing the notifications, the longest time elapsed between the conclusion of the investigation and the notification to the offender was 2 days.

Of the 15 notifications to offenders reviewed 3 were allegations of sexual abuse. All three allegations were against another offender, two were unsubstantiated and one unfounded. Notifications were made to two of the offenders. One offender was released prior to the conclusion of the investigation so the agency was not required to notify the offender. The longest time elapsed between the conclusion of the investigation and the notification to the offender was 7 days.

The agency did not notify any offender of a staff member's status as there were no allegations of sexual abuse made against a staff member.

The Auditor interviewed one offender who alleged sexual abuse at the facility. The offender was asked if he was notified at the conclusion of the investigation. The offender was notified by the investigator the incident was unsubstantiated. The Auditor asked the offender how he was notified. The offender informed the Auditor the investigator gave him a form with the investigative results.

Conclusion:

The Auditor concluded the WRSP informs offenders of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies and procedures and conducted an interview with a Sexual Abuse Investigator to determine the facility meets the requirements of this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility's sexual misconduct policies are commensurate with the following:

- The nature and circumstances of the acts committed;
- The staff members disciplinary history; and
- The sanctions imposed for comparable offenses by other staff with similar histories.

The VA DOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal.

Evidence Relied Upon:

Policy – 135.1 pg. 11
Policy – 135.2 pg. 3
Interviews with Staff
Investigative Report

Analysis/Reasoning:

The Auditor conducted formal interviews with staff at the Wallens Ridge State Prison. Each staff member the Auditor interviewed was aware of the agency’s policy making termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The facility’s leadership utilizes a zero-tolerance approach and disciplines staff for violating the agency’s sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility will terminate a staff member who engages in sexual abuse with an offender.

Agency investigators in the Special Investigations Unit have legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. The investigator informed the Auditor he notifies the Commonwealth’s Attorney following such an incident if the act was clearly criminal. Agency staff report criminal acts of sexual abuse to the Department of Criminal Justice Services following an incident of such or following a resignation which would have resulted in a termination. The Department of Criminal Justice Services is a licensing agency for correctional offices.

If a medical professional is found to have engaged in sexual abuse the Virginia Department of Health Professionals will be notified. The agency does not notify relevant licensing bodies if an act of sexual abuse or sexual harassment was clearly not criminal. The agency does notify relevant licensing bodies when a staff member terminates employment if that staff member would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

The facility reported no staff member had been found in violation of agency sexual abuse policies in the past 12 months. There was no volunteer or contractor who violated the agency’s sexual harassment or sexual abuse policies and procedures in the past 12 months.

The agency reported no substantiated incidents of staff-on-offender sexual abuse or sexual harassment resulting in disciplinary measures during this audit period.

Conclusion:

The Virginia Department of Corrections has an appropriate policy to ensure WRSP personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and the appropriate agencies are notified. The Auditor conducted a review of the agency’s policies and procedures and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency's policy is to notify law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.

Evidence Relied Upon:

Policy – 027.1 pg. 12

Policy – 135.2 pg. 3-4

A Guide to Maintaining Appropriate Boundaries with Offenders brochure

Interview with Staff

Interviews with Contractor

Analysis/Reasoning:

The Wallens Ridge State Prison has had no reported incidents in which a volunteer or contractor has engaged or been alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with volunteer and contract personnel. Each volunteer and contract personnel interviewed was aware of the agency's discipline sanctions for violating sexual abuse or sexual harassment policies.

Volunteers and contractors are made aware of the agency's sexual abuse and sexual harassment policies during their initial training. Each volunteer and contractor received a Guide to Maintaining Appropriate Boundaries with Offenders brochure. The brochure informs volunteers and contractors violations of sexual abuse and sexual harassment policies are subject to termination as well as criminal prosecution. Volunteers and contractors sign a statement agreeing to abide by the sexual abuse and sexual harassment policies.

The facility's leadership is aware of the requirement to notify relevant licensing bodies following a contractor or volunteer's participation in sexual abuse. Staff informed the Auditor a contractor or volunteer would be prohibited from offender contact if determined to have participated in an act of sexual abuse. Relevant licensing bodies are not notified if the act committed by a volunteer or contractor was clearly not criminal.

Conclusion:

The Virginia Department of Corrections maintains appropriate policies to ensure contractors and volunteers at the WRSP are removed from offender contact after committing an act of sexual abuse or sexual harassment. The Auditor reviewed the agency's policy and procedures and conducted formal interviews with staff, volunteer and contract personnel and decided the facility meets the requirements of this standard.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The agency's policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency's policy allows staff to discipline offenders for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:

- The nature and circumstances of the offense committed;
- The offender's discipline history; and
- The penalty imposed for comparable offenses committed by other offenders with similar histories.

The discipline process is required to consider whether the offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The Qualified Mental Health Professional is required by policy to assess the following:

- Clinical impressions related to the discipline offense;
- Likelihood of understanding the acceptance of a Penalty Offer;

- Likelihood of effectively participating in the hearing;
- Potential impact of Special Housing on offender's cognitive/mental condition; and
- Provide relevant comments and/or recommendations.

Agency policy requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in interventions as a condition of access to programming or other benefits.

Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish enough evidence to substantiate the allegation

Sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the Virginia Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.

Evidence Relied Upon:

Policy – 038.3 pg. 8-9

Policy – 820.2 pg. 4-5

Policy – 830.3 pg. 6

Policy – 861.1 pg. 6, 8, 11-12, 15, 21

Interview with Sexual Abuse Investigator

Interviews with Medical Professionals

Interview with Mental Health Professionals

Interviews with Offenders

Analysis/Reasoning:

The facility reported no incidents in which an offender had been disciplined for filing a report of sexual abuse or sexual harassment. The Auditor conducted formal interviews with staff. The Auditor asked each if they were aware of an offender receiving disciplinary charges for filing an allegation of sexual abuse or sexual harassment. No staff member was aware of an offender receiving charges for such.

The Auditor conducted a formal interview with the facility's Sexual Abuse Investigator. The Investigator was asked if he has ever disciplined an offender for filing an allegation of sexual abuse. The Investigator informed the Auditor he has not placed disciplinary charges on an offender who filed a report of sexual abuse or sexual harassment. The Auditor discovered no evidence which reveals an offender received a disciplinary charge for making an allegation of sexual abuse or sexual harassment.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor was informed counseling, therapy and other interventions are offered to address and

correct underlying reasons or motivations for committing acts of sexual abuse. The Auditor was informed an offender's participation or non-participation in such interventions do not hinder the offender's ability to attend programming or other benefits. Mental health personnel stated they do try to address underlying reasons for perpetrators of sexual abuse.

The Auditor interviewed an offender who submitted an allegation of sexual harassment. The incident was unfounded by the facility investigator. The Auditor asked the offender if he had been disciplined for making the allegation. The offender reported that he was not disciplined for making the allegation.

Conclusion:

The Auditor discovered the agency maintains policies which align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies and procedures, interviewed staff, medical and mental health personnel and inmates and determined the facility meets the requirements of this standard.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No NA

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any offender who informs staff he/she previously experienced sexual victimization. The policy applies to any offender who reported whether the abuse occurred in an institutional setting or in the community. The Qualified Mental Health Professional informs each offender of relevant treatment and programming options.

Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Evidence Relied Upon:

Policy – 425.4 pg. 3
Policy – 425.4RH pg. 3
Policy – 701.3 pg. 5
Policy – 730.2 pg. 6
Classification Records
Medical and Mental Health Records
Interviews with Medical Professionals
Interview with Mental Health Professional
Interviews with Offenders

Analysis/Reasoning:

The Auditor randomly selected 40 offender records while on site. Of the 40 records reviewed 4 reported previously suffering sexual abuse. The Auditor reviewed the records of the 4 who previously suffered sexual victimization. A review of the 4 records revealed all 4 offenders were offered a follow-up meeting with a mental health professional. The Auditor reviewed the mental health records of the offenders who met with a mental health professional. Each met with the mental health profession within days of booking. These offenders met with a mental health professional numerous times for counseling and therapy sessions.

The Auditor conducted a formal interview with a mental health professional. The mental health professional stated he meets with every offender who is booked into the facility to conduct an initial assessment. The mental health professional stated offenders typically meet with the mental health professional after being placed in the orientation housing unit following booking. The Auditor asked if the mental health professional meets with offenders for a follow up within 14 days. The mental health professionals typically identify victims during his initial assessment as they meet with each offender who is transferred to the Wallens Ridge State Prison.

The mental health professional stated he does. The Auditor asked who the mental health professional shares information with relating to sexual victimization or abusiveness that occurred in an institutional setting. The mental health professional informed only those who need to know. The mental health professional stated informed consent would be obtained prior to sharing information related to sexual victimization suffered in the community. The Auditor was informed there has been no need to report victimization suffered in a community setting with anyone other than a medical or mental health professional.

The Auditor conducted formal interviews with DOC medical professionals. The Auditor asked who they share information relating to sexual victimization or abusiveness that occurred in an institutional setting with. Medical professionals stated they inform security supervisory staff. Medical records are maintained in paper form in the medical records room. Each medical and mental health practitioner has access to the records room. The Auditor asked medical professionals if they share information related to sexual victimization that occurred in a community setting. The Auditor was informed they do not share that information with anyone. The Auditor asked what medical staff would do if they needed to share the information. Medical staff stated they would obtain written informed consent from the offender prior to sharing the information.

The Auditor conducted formal interviews with offenders who reported suffering sexual abuse. The Auditor asked each offender if they were offered a follow-up meeting with a medical or mental health practitioner. Each offender informed the Auditor they were offered a follow up with a mental health practitioner. The Auditor asked each how long it took before the meeting occurred. Those who accepted the follow up meeting informed the Auditor the meeting occurred within a couple days.

Conclusion:

The Auditor concluded offenders are offered a follow-up with a medical or mental health professional after reporting they have suffered sexual victimization. Medical and mental health practitioners inform only those with a “need to know” of information related to sexual victimization or abusiveness. The Auditor reviewed the agency’s policies and procedures, offender medical and classification records, and conducted interviews with medical and mental health practitioners and offenders. After a thorough review the Auditor concluded the facility meets the requirements of this standard.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.

Evidence Relied Upon:

Policy – 038.3 pg. 10

Policy – 075.1 pg. 6

Policy – 720.4 pg. 5

Policy – 720.7 pg. 5

Policy – 730.2 pg. 7

Investigative Files

Offender Medical Records

Interviews with Medical professionals

Interview with Sexual Assault Nurse Examiner

Interviews with First Responders

Analysis/Reasoning:

The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the Wallens Ridge State Prison are consistent with a community level of care. Each medical and mental health professional interviewed stated they feel services are consistent with a community level of care and in some cases have better access to care. The Auditor asked if there is ever a time when no medical or mental health practitioner is on duty. The Auditor was informed there was never a time because the facility provides 24-hour coverage at the WRSP.

The Auditor was informed offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor asked medical personnel if they offer timely information and access to sexually transmitted infection prophylaxis to offenders who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to offender victims. The Auditor was informed information and access to sexually transmitted infection prophylaxis is offered during the forensic examination. Medical staff will offer access to sexually transmitted infection prophylaxis if a victim refuses to undergo a forensic examination. The facility does not house female inmates.

The Auditor reviewed 4 investigative records of offenders who claimed sexual abuse. Each investigative record included the Sexual Assault Response Checklist. The checklist includes the time the offender was sent to the medical section for treatment. The checklist also includes the time the offender was transported to the hospital for additional treatment if required. Three of the offenders were sent to the medical section within minutes of notification of the allegation of sexual abuse. One offender was not required to receive medical attention as the allegation was made at the WRSP and allegedly occurred at another facility.

The Auditor reviewed the Health Services Complaint and Treatment forms of the 4 offenders who reported an allegation of sexual abuse. All four offenders were seen by medical personnel. Two offenders were examined by the SANE. Each received timely and unimpeded access to medical personnel.

The Auditor interviewed a staff member who was the first person to respond to an alleged sexual abuse. The staff member stated the victim was removed and maintained safely away from the aggressor. The victim was immediately sent to the medical section for treatment.

The Auditor reviewed the training records of security staff. All security staff has received training in CPR and first aid in the event first responder treatment is needed. Formal interviews were conducted with security staff. The Auditor was informed officers take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Officers informed the Auditor they immediately notify a supervisor and medical staff following an incident of sexual abuse.

The Auditor asked medical personnel and officers if offender victims of sexual abuse are charged a fee for treatment services related to sexual abuse. The Auditor was informed all services related to sexual abuse treatment are free to offender victims of sexual abuse. The Auditor reviewed the records of 2 offenders who received a forensic examination. Neither was charged a fee for the examination or any other medical treatment related to services from the allegation. Interviews with offenders reveal they are aware services related to sexual abuse victimization are offered at no cost to the offender victim.

The Auditor conducted an interview with the Sexual Assault Nurse Examiner. The SANE informed the Auditor offender victims are offered timely access to sexually transmitted infections prophylaxis. The Auditor asked if the offender victim is billed for such services. The SANE does not bill the offender victim for services related to sexual victimization. Forensic examinations take place in the treatment room at the facility. The SANE stated she offers sexually transmitted infection prophylaxis at the time of the examination. The SANE stated she allows a victim advocate to attend the examination at the victim's request.

Conclusion:

The facility provides access to timely and unimpeded access to emergency medical services. Medical personnel provide offender victims with sexually transmitted infection prophylaxis and emergency contraception. The Auditor reviewed the facility's policies and procedures and interviewed staff, medical personnel and offenders and determined the facility meets the requirements of this standard.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The VA DOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:

- Follow-up services;
- Treatment plans; and when appropriate
- Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody.

The VA DOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.

All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Evidence Relied Upon:

Policy – 720.1 pg. 3

Policy – 720.4 pg. 5

Policy – 720.7 pg. 6

Policy – 730.2 pg. 7-8

Interviews with Medical Professionals

Interviews with Mental Health Professional

Interview with SANE

Interviews with Offenders

Review of Medical Records

Analysis/Reasoning:

The Auditor conducted formal interviews with medical and mental health professionals. Mental health personnel do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health personnel meet with victims and abusers

if medically necessary. The Auditor asked what services are provided to offender victims of sexual abuse. Mental health personnel informed the Auditor offender victims participate in counseling sessions, are referred to the psychiatrist if needed, treatments, follow-up services, and referrals for continued care when needed. The Auditor asked if treatment plans are created for offender victims of sexual abuse. The Auditor was informed treatment plans are created and followed.

The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community level of care. The Auditor was informed medical and mental health services are consistent with a community level of care. The Auditor was informed some offenders receive access to mental health services when they would more than likely be denied access in the community. Medical personnel informed offenders are offered testing for sexually transmitted infections. The facility does not offer pregnancy tests as it only houses male offenders.

The Auditor was informed by medical and mental health personnel that offenders are not charged a fee for services related to sexual abuse victimization.

The Auditor conducted a formal interview with an offender who reported suffering sexual abuse in a community setting. The Auditor asked the offender if he was offered mental health services after reporting the victimization. The offender was offered mental health services following the allegation. A review of the offender's record reveals he did meet with a mental health professional. The offender did not require any immediate medical treatments as a result of the alleged incident.

Conclusion:

The facility's medical and mental health personnel offer counseling, treatment, sexually transmitted infections testing and make referrals for continued care. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed the agency's policies and procedures, interviewed medical and mental health practitioners, medical records, and conducted interviews with offenders and determined the facility meets the requirements of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the Regional PREA Analyst no later than 14 calendar days of the conclusion of the investigation. Policy allows for an extension if the facility determines the report will not be completed within 14 days. The facility must contact the Regional PREA Analyst to discuss the extension.

The VA DOC policy requires the review team include:

- At least 2 employees designated by the Unit Head;
- One Administrative Duty Officer who will solicit input from the PREA Compliance Manager;
- Line supervisors;
- Investigators; and
- Medical or mental health practitioners.

Agency policy requires the review team conduct the following tasks:

- Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed;
- Provide an analysis of the causal factors and contributing circumstances;
- Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the jail where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Develop an Action Plan to limit or mitigate similar future incidents.

The agency's policy requires the review team include the team's findings and recommendations for improvement. The Incident Review Team is required to submit the report to the Regional PREA Analyst and Regional Office for review by the Regional Administrator and/or Regional Operations Chief. The facility is required to implement the recommendations for improvement or shall document the reasons for not doing so.

Evidence Relied Upon:

Policy – 038.1 pg. 10-12

Policy – 038.3 pg. 14

Investigation Files
PREA Report of Incident Review
Interview with Incident Review Team Member

Analysis/Reasoning:

The Wallens Ridge State Prison had 4 allegations of sexual abuse during this audit period. Two of the 4 allegations were unsubstantiated, one unfounded and the other was referred to the Eastern Region as the incident allegedly occurred at another facility. The Wallens Ridge State Prison Warden notified the head of the facility where the incident allegedly occurred. The facility was required to conduct an incident review of both unsubstantiated allegations.

The Auditor reviewed the investigative files of both unsubstantiated allegations. One incident occurred on August 24, 2018. An investigation of the incident was concluded unsubstantiated on August 31, 2018. The Incident Review Team conducted a review of the incident on September 12, 2018. The team conducted its review within the agency's 14-day requirement. The second incident occurred on January 20, 2019. An investigation of the incident was concluded unsubstantiated on February 1, 2019. The Incident Review Team conducted a review of the incident on February 6, 2019. The team conducted its review within the agency's 14-day requirement.

The Auditor reviewed both PREA Report of Incident Review forms. Team members consisted of individuals as required by the agency's policy. The team considered all requirements of PREA standard 115.86 (d) as those requirements are listed on the agency's PREA Report of Incident Review form. There were no recommendations for improvement made by the Incident Review Team, therefore no action plan was created by the team.

Each team member is listed on the PREA Report of Incident Review form. The form includes a brief summary and the elements of standard 115.6(d) are listed out for consideration and findings of each consideration. The form includes space for the team to list actions to limit the occurrence or reduce the severity of future incidents and space for the team's recommended action plan. Each form was reviewed by the facility's Warden and submitted to the Regional PREA Analyst.

The Auditor conducted a formal interview with an Incident Review Team member. The team member informed the Auditor the team reviews each alleged incident to identify problems and address concerns to improve the overall prevention, detection, and response efforts of the facility. The team member informed the Auditor they review the area of the incident, discuss the need for policy changes, review the staffing level, and the deployment of monitoring technologies. The Auditor asked the team member if the team considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation, or other group dynamics. The Auditor was informed the team does such.

Conclusion:

The Auditor determined the facility is conducting incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the

agency's policies and procedures, Incident Review Report, and conducted an interview with an Incident Review Team Member and determined the facility meets the requirements of this standard.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Auditor Discussion:

VA DOC policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control, including private facilities, utilizing a standardized instrument and set of definitions. The incident-based data must be aggregated annually. Data is provided by the investigator to the agency's Hotline Coordinator who compiles data for the agency from each facility. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the VA DOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.

The Virginia Department of Corrections contracts confinement of offenders with the GEO group at the Lawrenceville Correctional Center. The Lawrenceville Correctional Center is not under the direct control of the Virginia Department of Corrections. The VA DOC is not required to collect and aggregate data accumulated at the Lawrenceville Correctional Center. The GEO group is required to collect, aggregate and report data from its facility.

Evidence Relied Upon:

Policy – 038.3 pg. 14-15
Facility Annual Reports
BJS Surveys
Agency Website
Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the facility's 2017 and 2018 Annual Reports published on the Virginia Department of Corrections website. The reports were easily accessible as the agency's website was simple to navigate. The data collected included definitions of the following:

- Offender-on-offender nonconsensual sexual acts
- Offender-on-offender abusive sexual acts
- Offender-on-offender sexual harassment
- Staff-on-offender sexual victimization
- Staff sexual misconduct
- Staff sexual harassment

Data reviewed by the Auditor for each report was aggregated from January 1st to December 31st and the public has access to the agency's reports through its website.

The Auditor reviewed the Bureau of Justice's Survey of Sexual Violence submitted by the agency in 2017 and 2016. Both reports were completed and submitted to the U. S. Department of

Justice by the agency's PREA Hotline Coordinator. The PREA Hotline Coordinator submitted both surveys before June 30th.

The Auditor interviewed staff responsible for collecting and aggregating the facility's data. Staff informed the Auditor data is collected from investigative reports. Investigative reports include supporting documents such as, Incident Reports, Incident Reviews, Discipline Reports, logbook copies and other supporting documents.

Conclusion:

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies and procedures, website, PREA Annual Report, and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The Virginia Department of Corrections policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:

- identify problem areas;
- Take corrective action on an ongoing basis; and
- Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Policy requires the data review report include the following:

- A comparison of the current year's data and corrective actions with prior years;
- Provide an assessment of the DOC's progress in addressing sexual abuse;
- Must be approved by the Director; and
- Must be readily available to the public through the agency's website.

Policy allows the DOC to redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility. Any redactions must be documented in the report to indicate the nature of the material redacted.

Evidence Relied Upon:

Policy – 038.3 pg. 15
PREA Annual Report
Agency Website
BJS Survey
Interview with Staff

Analysis/Reasoning:

The Auditor reviewed the Virginia Department of Corrections website. The agency maintains annual reports which include its findings and corrective actions for each facility and the agency as a whole. Each report is accessible through the agency website by accessing the "About Us"

link and then through the “Facts and Figures” link. Each report is hyperlinked by year under the heading “PREA Annual Report.” The reports published on the facility’s website include data collected and compared from 2013 to present.

A review of each PREA Annual Report reveals the agency attempts to discover problem areas within the agency based on a review of data collected by facility and by region. The agency’s annual report includes corrective actions taken in each facility. The annual reports listed no corrective actions needed in the Wallens Ridge State Prison in 2018. The 2017 annual report listed an upgrade of facility video monitoring technology to include the addition of 270 cameras.

The Auditor discussed the annual reporting process with the facility investigator and the Western Regional PREA Analyst. The information for the annual report is derived from investigative reports and reports from the Incident Review Team. Corrective actions are enacted when needed as the Incident Review Team recommends corrective actions when warranted. Any corrective actions taken will be documented in the annual report. When problem areas are discovered, agency staff recommend a solution to address the problem area and include the specifics in the annual report.

The VA DOC Director approves the agency’s annual report prior to publishing on the agency’s website. The Director, along with the PREA Coordinator, signs the last page of the annual report. The Auditor did not observe personal information redacted from the annual report as the agency does not include personal identifying information in its annual report.

Conclusion:

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the facility’s website. The Auditor reviewed the agency’s policies and procedures, website, PREA Annual Report and interviewed staff to determine the agency meets the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Auditor Discussion:

The agency's policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. Policy stipulates personal identifiers will be removed. The VA DOC requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. The agency's Hotline Coordinator maintains the agency's data. Investigators at agency facilities maintain facility data in their offices and on their computers.

Evidence Relied Upon:

Policy – 038.3 pg. 15
Agency Website
Annual Report
Interview with Staff
Observations

Analysis/Reasoning:

The Auditor conducted a formal interview with the facility's sexual abuse investigator. Information for the agency's annual report is maintained by the facility investigator and is derived from investigative files. The staff member informed the collected data is maintained electronically in a computer database and in written form in the investigator's office.

The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2013. The Auditor reviewed the sexual abuse data published on the website and found no personal identifiers within. The Auditor was informed sexual abuse and sexual harassment data is maintained by the investigator for a minimum of 10 years after collection. A

username and password are required to gain access to the computers utilized by the facility investigator.

Conclusion:

The Auditor reviewed the facility's website, collected data, made observations, and interviewed staff and determined the agency meets the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Auditor Discussion:

Each facility under the direct control of the Virginia Department of Corrections had been audited at least once during the three-year audit cycle. During the three-year audit cycle, the Virginia Department of Corrections ensured at least one-third of its facilities were audited each year.

Evidence Relied Upon:

Previous PREA Audit Report
Facility Tour
Interactions with Staff

Analysis/Reasoning:

Twenty of the agency's facilities and 1 Detention Center were audited during 2017, 10 facilities and 2 Detention Centers in 2018 and the remaining 9 facilities and 1 Detention Center are scheduled to be audited in 2019. The agency has direct control of 39 facilities and 4 Detention Centers.

The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency's level of compliance with relevant standards. Of the documents the Auditor reviewed a relevant sampling of the previous 12-month period. The facility provided the Auditor with a detailed tour of the facility in its entirety.

During the audit the Auditor requested and was provided copies of additional documents to aid in a determination of the agency's level of compliance. The Auditor conducted formal and informal interviews of staff and offenders as previously listed in this report. A random selection of video footage was selected by the Auditor; facility staff provided the video sample. Offenders could correspond with the Auditor prior to and after arriving on site.

The Auditor reviewed the Wallens Ridge State Prison facility's previous PREA report and observed the facility complied with all standards without corrective action initiated. The previous Auditor was allowed access to all facility areas, interview staff and offenders, was provided with facility documents and offenders could communicate confidentially with the Auditor through written correspondence.

The Auditor communicated with the SANE and community-based victim advocates regarding relevant conditions in the facility prior to arriving at the facility.

On April 9, 2019 the Auditor sent a letter to be posted in all offender living areas which included the Auditor's address. On April 12, 2019 the Auditor sent a Spanish version of the notice. The Auditor received no correspondence from an offender prior to arriving on site for the audit. The Auditor observed confidential correspondence notices posted in each offender living unit. These notices were emailed to the Western Region PREA Analyst to post in each living unit prior to the audit. The notices to offenders were posted more than 6 weeks in advance of the Auditor arriving on site.

The Department of Justice did not send a recommendation to the Virginia Department of Corrections for an expedited audit of any VA DOC facility or referral to resources for assistance during this audit cycle.

Conclusion:

The Auditor determined the Wallens Ridge State Prison meets the requirements of this standard.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Auditor Discussion:

The agency has published its previous PREA Audit reports on its website.

Evidence Relied Upon:

Agency Website
Previous PREA Audit Reports

Analysis/Reasoning:

The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports.

Conclusion:

The Auditor determined the agency meets the requirements of this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Paul Perry

06/24/19

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.