

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

Interim       Final

**Date of Report**    June 25, 2018

### Auditor Information

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| <b>Name:</b> Dave Cotten                           | <b>Email:</b> dave.cotten@preaauditing.com     |
| <b>Company Name:</b> PREA Auditors of America, LLC |  |
| <b>Mailing Address:</b> PO Box 2111                | <b>City, State, Zip:</b> Hotchkiss CO 81419    |
| <b>Telephone:</b> (970)250-5719                    | <b>Date of Facility Visit:</b> May 22-24, 2018 |

### Agency Information

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| <b>Name of Agency:</b><br>Virginia Department of Corrections |                                   | <b>Governing Authority or Parent Agency (If Applicable):</b><br><small>Click or tap here to enter text.</small>      |   |
| <b>Physical Address:</b> 6900 Atmore Drive                   |                                   | <b>City, State, Zip:</b> Richmond, VA 23225  |   |
| <b>Mailing Address:</b> P. O. Box 26963                      |                                   | <b>City, State, Zip:</b> Richmond, Virginia 23261-6369   |   |
| <b>Telephone:</b> (804)674-3119                              |                                   | <b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>The Agency Is:</b>  | <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                |

**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 programming 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](http://www.vadoc.virginia.gov)

### Agency Chief Executive Officer

|  |                                |
|--|--------------------------------|
| <b>Name:</b> Harold Clark                      | <b>Title:</b> Director         |
| <b>Email:</b> Harold.Clarke@vadoc.virginia.gov | <b>Telephone:</b> 804-887-8081 |

### Agency-Wide PREA Coordinator

|  |  |
|--|--|
| <b>Name:</b> Rose Durbin   | <b>Title:</b> PREA/ADA Supervisor  |
| <b>Email:</b> Rose.Durbin@vadoc.virginia.gov   | <b>Telephone:</b> 804-887-7921   |
| <b>PREA Coordinator Reports to:</b><br>Maria Vargo, Corrections Operations Administrator | <b>Number of Compliance Managers who report to the PREA Coordinator</b> Three (3) regional PREA Analysts who oversee forty (40) compliance managers. |

### Facility Information

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>Name of Facility:</b> Baskerville Correctional Center  |                                   |   |   |
| <b>Physical Address:</b> 4150 Hayes Mill Road Baskerville, VA 23915   |                                   |   |   |
| <b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>  |                                   |   |   |
| <b>Telephone Number:</b> 434-447-3857   |                                   |   |   |
| <b>The Facility Is:</b>   | <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                |
| <b>Facility Type:</b>   | <input type="checkbox"/> Jail     | <input checked="" type="checkbox"/> Prison  |   |
| <b>Facility Mission:</b> Baskerville Correctional Center will enhance the quality of life in the Commonwealth by improving public safety. We accomplish this through reintegration of sentenced men in our custody and care by providing supervision and control, effective programming and re-entry services in safe environments which foster positive change and growth consistent with research- based evidence, fiscal responsibility, and constitutional standards. |                                   |   |   |
| <b>Facility Website with PREA Information:</b> <a href="http://www.vadoc.virginia.gov">www.vadoc.virginia.gov</a>   |                                   |   |   |

### Warden/Superintendent

|   |                                |
|---|--------------------------------|
| <b>Name:</b> Earl R. Barksdale                  | <b>Title:</b> Warden           |
| <b>Email:</b> Earl.Barksdale@vadoc.virginia.gov | <b>Telephone:</b> 434-233-3160 |

### Facility PREA Compliance Manager

|   |                                  |
|---|----------------------------------|
| <b>Name:</b> Glenn Bugg                     | <b>Title:</b> Operations Manager |
| <b>Email:</b> Glenn.Bugg@vadoc.virginia.gov | <b>Telephone:</b> 434-233-3164   |

### Facility Health Service Administrator

|   |                                |
|---|--------------------------------|
| <b>Name:</b> Margaret Jackson                     | <b>Title:</b> Health Authority |
| <b>Email:</b> Margaret.Jackson@vadoc.virginia.gov | <b>Telephone:</b> 434-233-3167 |

### Facility Characteristics

|  |                              |  |  |
|--|------------------------------|--|--|
| Designated Facility Capacity: 479  |                              | Current Population of Facility: 479    |  |
| Number of inmates admitted to facility during the past 12 months   |                              |  | 297  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:   |                              |  | 297  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:  |                              |  | 297  |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:   |                              |  | 0  |
| Age Range of Population:   | Youthful Inmates Under 18: 0 | Adults: 20-65                          |  |
| 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:  |                              |  | 60 mos   |
| Facility security level/inmate custody levels:   |                              |  | Level 2  |
| Number of staff currently employed by the facility who may have contact with inmates:  |                              |  | 159  |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:   |                              |  | 31   |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:   |                              |  | 87   |
| <b>Physical Plant</b>  |                              |  |  |
| Number of Buildings: 25  |                              | Number of Single Cell Housing Units: 0 |  |
| Number of Multiple Occupancy Cell Housing Units:   |                              | 0                                      |  |
| Number of Open Bay/Dorm Housing Units:   |                              | 3                                      |  |
| Number of Segregation Cells (Administrative and Disciplinary):   |                              | 14                                     |  |
| 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.): |                              |  |  |
| 96 cameras covering a wide variety of areas throughout the facility.   |                              |  |  |
| <b>Medical</b>   |                              |  |  |
| Type of Medical Facility:  |                              | Clinic                                 |  |
| Forensic sexual assault medical exams are conducted at:  |                              | CMH/VCU Medical South Hill, VA         |  |
| <b>Other</b>   |                              |  |  |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:  |                              |  | 7  |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse:   |                              |  | 2  |

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The on-site PREA Audit of the Baskerville Correctional Center (BACC) was conducted on May 22-24, 2018. The audit was conducted by Dave Cotten, a certified National PREA auditor. This was BACC's second audit. An initial in-brief was held at 9:00 a.m. on 5/22/18 with Warden Barksdale, Ms. Rose Durbin (VDOC PREA Supervisor), Mr. Joseph Allotey (regional PREA analyst), Mr. Glenn Bugg (BACC PREA manager), Ms. Linda Walker (back-up to PREA manager) and several other members of BACC's leadership team. Staff introduced themselves and provided professional background as did the auditor. The Warden provided the auditor with an overview of the Baskerville Correctional Center and the offender population it serves. The auditor was given a complete tour of the Baskerville Correctional Center led by the Warden. Throughout the tour, the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the DOC's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment.

Following the tour, the auditor began the interviews and reviews of investigative files, training and personnel files, offender files, and documents.

Twenty-four (24) random offenders were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the offenders by their housing assignment at the facility. Two of the offenders were identified by the auditor as being LEP. One offender who reported sexual abuse was also interviewed. Auditor received no correspondence from offenders prior to the on-site.

Twelve random staff were interviewed who were randomly selected by the auditor from both shifts. Fifteen (15) interviews were conducted with specialized staff, with two of those (agency head and PREA supervisor) being conducted previously by PREA Auditors of America, LLC auditors of other facilities. On-site interviews included the Warden, PREA Manager (and alternate), intermediate/higher level supervisor who make unannounced rounds, the health administrator, a mental health professional, the human resources manager, investigators (and alternate), staff who conduct screening for risk of abuse or victimization, an incident review team member, the staff member who monitors for threats of retaliation, and first responders.

The auditor also interviewed one contractor and one volunteer. In total, twenty-nine (29) staff/contractor/volunteer interviews were conducted as part of the audit.

It should be noted that since this is a medium-size facility, some of the employees have multiple responsibilities so some individuals were interviewed more than once if their duties covered more than one specialized area.

The auditor was impressed by what the random staff's knowledge of PREA, the zero-tolerance policy, offender rights regarding PREA, first responder duties, and evidence collection. Regular PREA reminders are provided during the shift briefings which keep the importance of PREA in front of all the correctional officers. Some staff referred to a provided checklist card that all staff carry.

When the on-site audit was completed, the auditor conducted a short de-brief on Thursday, May 24, 2018. The auditor gave an overview of the audit and thanked the Warden and his staff for their hard work and commitment to the Prison Rape Elimination Act.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Baskerville Correctional Center (BACC) is a level two rated facility with level one and two adult male offenders with a capacity of 481 plus 14 segregation beds. Population on day of arrival was 479. Average length of stay is approximately 60 months. Full time staff is 159.

The Baskerville Correctional Center (BACC) is located in Mecklenburg County at 4150 Hayes Mill Road, Baskerville, Virginia. It sits on 362 acres surrounded by numerous farms. The facility supports the farm grounds managing livestock, feed for livestock and vegetable gardens with on grounds offender work crews.

There are three open bay housing units with communal showers which are generally covered from opposite gender staff visibility. The drying/dressing area of the shower in Unit one was visible to the tour team. Offenders could not dry and dress without being viewed by persons passing by. (see corrective actions) Some offenders complained, during the tour and during interviews, that female staff could potentially see the offenders in the shower or toilet area. The auditor toured all areas, and returned for a second look after the complaints, of each housing area and the control rooms which provide direct visual security supervision of the units. It was found female staff could not inadvertently see into the showers (except as noted above) or toilets. Offenders also complained about the gang showers and other offenders seeing them undressed. Although not related to PREA (transgender/intersex issues excepted), the offender concerns were passed on to the Warden. Offenders in the open bay environment stated they were given the opportunity to dress and change clothes in the shower or toilet area. The auditor did witness female staff announcing themselves or, other staff announcing for them, upon entering the housing units. During the tour, inmates were questioned about the announcements. Several inmates stated they hear it most of the time but not always and offenders at the far end from the entrance of the open bay state they cannot always hear the announcement.

The auditor did view PREA posters throughout the facility to include all housing units. PREA Audit notices were also seen throughout. The auditor did call the PREA hotline and received notice the call was received and had it been a sexual abuse report would have been reported to the PREA Supervisor.

Camera coverage throughout appeared to be a good supplement to staff supervision. The auditor could not find any area covered by camera that allowed for the viewing of offenders by staff of the opposite gender.

The housing units and most of the buildings are surrounded by a high security fence with staff-controlled entrances.

Numerous programs are available to offenders at the facility to include educational, vocational and self-help programs. The facility has well stocked library and law library. Recommendations were made by the auditor on mirror placement and angle, which was address immediately by staff. A large outside recreation area is provided for offenders with good visibility to security staff and no noticeable blind spots. A large gymnasium with bathrooms unsecured only by staff for single offender use.

The auditor did make recommendations on some bathroom locks, bot offender bathrooms and staff bathrooms in areas where offenders are present. Facility staff addressed these issues prior to the completion of the on-site visit.

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** five (5)

115.11, 115.31, 115.51, 115.64 & 115.73

**Number of Standards Met:** forty (40)

**Number of Standards Not Met:** zero (0)

### Summary of Corrective Action (if any)

BACC was found to be non-compliant in three (3) standards, as listed below, during the on-site visit. All compliance issues were addressed and corrected prior to the auditor filing the initial report. Therefore, the report is a final report with the facility being compliant on all standards.

115.15---Corrective action: BACC needs to install screening of some type, in the housing unit one shower area, to allow offenders to undress, shower, dry and dress without staff of the opposite gender viewing.

Action taken: The Warden directed screening be installed to provide for coverage while maintaining security in the area. This was accomplished by BACC maintenance staff prior to the auditor completing the on-site. Auditor did return to the area and confirmed. Facility is now compliant.

115.16---Corrective action: BACC needs to identify all offenders who may not have received sexual abuse/harassment education in a format they could understand and provide the education appropriately.

Action taken: BACC classification staff reviewed all assigned offenders and determined which offenders may need education presented in a format they can understand. Education was provided, and documentation forwarded to the auditor. Facility is now compliant.

115.33---Corrective action: BACC needs to identify all offenders who may not have received sexual abuse/harassment education in a format they could understand and provide the education appropriately.

Action taken: BACC classification staff reviewed all assigned offenders and determined which offenders may need education presented in a format they can understand. Education was provided, and documentation forwarded to the auditor. Facility is now compliant.

## PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** Operation Procedure (OP) 38.3 defines the agency's policy on zero tolerance and outlines their approach to preventing, detecting and responding to sexual abuse and harassment. OP 38.3 also outlines the designation of an agency-wide coordinator, regional level PREA analysts and facility PREA compliance managers.

OP 135.2 further supports zero tolerance for all forms of sexual abuse and harassment.

#### Other documentation:

- VADOC organization chart
- VADOC list of facility PREA Compliance Managers
- VADOC intranet site listing key contacts with the agency coordinator and regional analyst listed
- VADOC work descriptions for PREA/ADA Supervisor and regional analysts
- BACC organization chart
- Memo appointing acting PREA manager in primary's absence for BACC
- Memo appointing PREA manager for BACC

**Interviews:** Rose Durbin is assigned as the VADOC's PREA Coordinator and states she does have sufficient time and authority to perform those duties appropriately. She has three regional analysts who report to her with those three overseeing 41 facility compliance managers. Joseph Allotey is the central region analyst.

Glenn Bugg is the facility compliance manager with Linda Walker being the back-up due to Mr. Buggs's extended absence. Both stated they did have sufficient time and authority to support BACC's efforts to comply with PREA standards.

**Finding:** VADOC and BACC have shown they exceed the standard 115.11. The agency and facility have met PREA standards in the past and the coordinators, analysts and managers display exceptional efforts in maintaining that status. Policy is very good requiring zero tolerance and adherence to efforts to prevent, detect and respond to sexual abuse of harassment of offenders under VADOC charge.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires facilities and jails that contract for the confinement of DOC offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. OP 260.1 reiterates the above statement and only allows for exception in emergency circumstances.

**Other documentation:** Contract amendment #6 with GEO Group requiring them to immediately adopt and comply with PREA in 2013, with renewal statements for each subsequent year.

**Finding:** As VADOC contracts with only GEO Group and the documentation is present requiring compliance and policy provides for this, the agency meets this standard.

## Standard 115.13: Supervision and monitoring

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 401.2 requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. Each area of element (a) above is then listed as being taken into consideration. Policy further states: In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

By January 31 of each year and more frequently if needed, each facility shall review any existing staffing plan and all post audits.

- a. This review shall assess, determine, and document whether adjustments are needed to: i. The facility's established staffing plan ii. The facility's deployment of video monitoring systems and other monitoring technologies iii. The resources the facility has available to commit to ensure adherence to the staffing plan
- b. If the review indicates that the facility is not staffing to plan or staffing to post audits, the facility must provide a comprehensive written explanation as to why they are not able to staff to post audits and possible solutions to increase facility staffing levels.
- c. These comprehensive written explanations shall be provided to the Regional Operations Chief for review and forwarding to the Regional PREA Analyst.

OP 401.1 requires post order require lieutenants and above conduct and document unannounced rounds and they are to be done intermittently during the month on both night and day shifts. Also requires staff to not alert other posts of the unannounced rounds.

OP 401.3 reiterates the above statement.

**Other documentation:** VADOC post audit for BACC showing required posts, hours of coverage and number of staff needed to cover each post. Audit shows review by the Warden, regional administrator, regional operations chief and the chief of corrections operations.

Memo from Warden to Regional Operations Chief defining BACC's staffing numbers, minimum staffing levels, reasons for deviations to the post audit which include; call ins, vacancies, training, extended medical absences, budgetary, accumulated leave time and special projects. Memo further describes what posts are closed to support more critical posts, recommendations for camera coverages, etc... Housing post logs showing unannounced rounds by supervisory staff at different hours and on weekends for all three housing units.

**Interviews:** The Warden states the facility does have a staffing plan that is kept in his office with the PREA Coordinator and with human recourses. He states the facility does consider all the issues noted in element (a) of the standard. He states compliance is verified by post logs and schedules, duty officer rounds throughout the day and night and unannounced PREA rounds by supervisory staff. PREA Manager covered each element of (a) above in the interview indicating the facility is ACA accredited to support a. and states there are no findings of inadequacy by any agency. Night time programs are more heavily staffed to support the programs.

PREA Coordinator states she is involved in the staffing plans of each VADOC facility and meets annually to discuss and review each plan including appropriate posts for each facility.

**Finding:** Well documented staffing plan is in place that is reviewed regularly. Unannounced rounds are being conducted at all hours and documented. The facility meets this standard.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 provides requirements for this standard for facilities that may house youthful offenders. OP 425.4 supports the above statement with similar narrative.

**Other documentation:** Memo signed by the Warden states BACC did not house youthful offenders over the last 12 months.

**Finding:** Policy is in place should youthful offenders be placed at BACC. The facility has not housed youthful offenders over that last 12 months, therefore the elements of the standard are not applicable, and the standard is met.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*



*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 445.1 sets the guidelines for all searches of offenders to include: no cross gender strip searches, transgender or intersex offender strip searches well be conducted as identified and approved on the strip search deviation request form completed by the offender at reception and orientation and approved by the facility treatment team identifying the offenders preference for what gender staff conduct the strip search, only female staff may pat search a female offender, female offenders will not be restricted from regular program or other out of cell time opportunities to meet the requirements, staff will not examine a transgender or intersex offender solely for the purpose of determining the offender's genital status, and any deviations from these guidelines required Shift Commander approval and must be documented.

OP 401.1 requires all post orders include "Staff of the opposite gender shall announce their presence when entering an offender housing unit."

OP 401.2 reiterates staff must announce and all announcements are documented. This policy also requires offenders a able to shower, perform bodily functions and change clothing without staff of the opposite gender viewing....

OP 720.2 defines restrictions as listed in ( e) of this standard. Staff always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status

OP 801.1 reiterates (d) of this standard.

**Other documentation:** Memo signed by the Warden stating no transgender or intersex offenders were housed at BACC within the last 12 months and no searches were conducted to determine an offender's genital status.

In service training logs showing staff were trained on cross gender and transgender/intersex searches. Housing log book showing female staff announcement when entering a housing unit.

**Observations:** Auditor did observe female staff announcing themselves when entering housing units. Also observed was the shower drying/dressing area of housing unit 1 not being sufficiently covered from observation of undressed offenders by staff passing by the area.

**Interviews:** Most random offenders interviewed stated female staff announced themselves all or most of the time. One said no, they do not announce themselves. Several stated they could not always hear the announcements. All offenders stated they are never naked in front of female staff except one offender who stated the shower in unit one. There were not transgender/intersex offenders at the facility during the on-site.

Random staff stated female staff always announce themselves or someone else does it for them. Staff also stated the offenders are always able to dress, toilet and shower without female staff seeing them. Two staff stated they did not know there was policy to prevent staff from searching transgender/intersex offenders to determine genital status but stated they would not do that anyway. All other staff were aware of the policy. Staff were not consistent on transgender/intersex pat searches. Some stated it was the offender's choice which gender staff searched him, others said one female and one male do the search together, others were not sure at all. They were confident on cross gender searches.

**Finding:** Policy is good. Auditor recommends more frequent training to update staff on transgender/intersex pat searches as they rarely have need for the training. Housing unit one's shower drying/dressing area was not sufficiently covered from staff of the opposite gender seeing naked offenders. This results in not meeting the standard of a procedure as identified in element (d) of this standard.

**Corrective action:** BACC needs to install screening of some type, in the housing unit one shower area, to allow offenders to undress, shower, dry and dress.

**Action taken:** The Warden directed screening be installed to provide for coverage while maintaining security in the area. This was accomplished by BACC maintenance staff prior to the auditor completing the on-site. Auditor did return to the area and confirmed. Facility is now compliant.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires facilities address all the elements of the standard and the procedure uses the narrative directly from the standard.

**Other documentation:** A snap shot of the PREA handbook transcribed to braille.  
Memo from the Warden stating BACC had not received any LEP offenders during this audit period.  
“Sexual Assault Awareness and Prevention” brochure in English and Spanish.  
“Zero Tolerance and Know your Rights” posters in English and Spanish which includes phone numbers and addresses for reporting and emotional support.  
Copies of language services contracts for VLS Interpreter Services for telephone interpreter services for multiple languages, Purple Languages Services for deaf or hearing-impaired offenders, and Optimal Interpreter Services for numerous spoken languages translation.

**Interviews:** Agency head all deaf offenders are housed at the same facility if classification allows. VDOC uses a telephone translator service. ESL is provided.  
During interviews with randomly selected offenders, the auditor discovered two separate Spanish speaking offenders who could not grasp much of what was being asked of them, in English. Auditor had the facility staff set up a telephone translation for the two. Both stated they had not been provided information about sexual abuse or harassment in a manner they could understand and had not been provided someone to help. One stated a tutor (offender) assisted him in class.  
Random staff were not consistent on using an offender to translate. Most ended up indicating it would not be a good idea in sexual abuse incidents and many did not know it was in policy.

**Finding:** Policy covers all aspects well. VADOC and BACC have good service provided by the different translator services. One of the services was used by the auditor. Staff could use more frequent training on the use of inmate translators. The facility is non-compliant due to some offenders not having received sexual abuse/harassment education in a format they could understand.

**Corrective action:** BACC needs to identify all offenders who may not have received sexual abuse/harassment education in a format they could understand and provide the education appropriately.

**Action taken:** BACC classification staff reviewed all assigned offenders and determined which offenders may need education presented in a format they can understand. Education was provided, and documentation forwarded to the auditor. Facility is now compliant.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 40.1 requires employees charged or convicted of any criminal offense to report it and any who have been charged or found liable in a civil or disciplinary proceeding to have engaged or attempted to engage in sexual activity by force (overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent) must report it. This policy also covers element (g). OP 57.1 covers element (h) verbatim.

OP 102.2 covers elements (a), (b) and (f) verbatim. (as they apply to employees)

OP 102.3 covers elements (a), (b), (c), (d), (e) and (g) verbatim with the standard.

OP 135.1 covers element (g) per the standard.

OP 260.1 covers all contractor related elements.

OP 145.2 requires all employees to complete and sign a disclosure covering the standard to include a continuing affirmative duty to disclose any misconduct.

**Other documents:** Log of contractors with date of last criminal background sched completed. Several copies of background investigation questionnaire, job application with PREA related questions, etc...

Log of staff and date of last background check.

**Observations:** Auditor reviewed identified files and background checks on all staff reviewed were within five years.

**Interviews:** HR staff state criminal background checks are completed and the application for employment or promotion includes a questionnaire on sexual abuse/harassment and the facility does take that into consideration prior to hiring or promoting. Background checks are completed at least every five years and VADOC uses NCIC and VGIN for criminal background checks. She states there is a continuing affirmative duty to disclose per OP and it is in the new employee orientation. She further states they always provide other institutions information on substantiated allegations of sexual abuse or harassment involving former employees. Employees sign a release of information upon hire. HR does not deal with contractors.

**Finding:** Based on policy, other documentation, and an interview with the HR staff, the agency and facility meet the standard.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

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**Policy:** OP 801.1 covers the standard verbatim.

**Other documentation:** Invoice and work orders for upgrades specifically to enhance the protection of offenders from sexual abuse or harassment. Examples are shower curtains, adding the PREA hotline number to segregation phones, locks on identified bathroom doors, acrylic sheeting for shower barriers, etc...

Memo indicating some projects were still in process.

**Observations:** While no major expansions or modifications were made, the modifications were specific to protection of offenders from sexual abuse or harassment. No enhancement has been made to the video system since installation prior to last audit.

**Interviews:** Agency Head states there are currently no major expansions going on but if there were he would want privacy for the offenders but maintain safety and security. Current camera systems agency wide could always be added to, but current are adequate.

Warden states they have had not major expansions or modifications to the facility except those specific to protection against sexual abuse or harassment.

**Finding:** Policy covers well and only PREA related modifications have occurred. Agency and facility meet the standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 evidentiarily 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*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 30.4 states SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.

If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview.

With the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit is collected within 72 hours it should be used beyond that time whenever there is a possibility of evidence remaining.

OP 38.3 requires the VADOC to make available a victim advocate from a rape crisis center and outlines the requirements needing met.

OP 720.7 reiterates the standard for a victim advocate and requires forensic exams be conducted by a SANE or SAFE where possible at no cost to the victim.

OP 730.2 reiterates the standard for a victim advocate.

**Other documentation:** MOUs with Action Alliance for support services to victims of sexual abuse.

MOU with Mountain State Health Alliance for SANE/SAFE

List of Central Region volunteer advocates on call

List of Virginia SANE programs

Memo from Warden stating Baskerville had not had need for a SANE the last 12 months

**Interviews:** Random staff were aware of evidence protocols in as much as they indicated they would report, isolate the victim and ask him not to eat, drink, wash, use to toilet, etc..., secure the scene and get to medical. Some indicated they contact investigations. Staff were not consistent with who investigates sexual abuse. Some stated Sgt. Hatcher, the facility investigator, some said Special Investigations Unit (SIU), two said the PREA manager, one said "the treatment lady" and some did not know.

PREA Manager states the MOU requires the victim advocates to be qualified.

SANE at Virginia Commonwealth University (VCU) Community Memorial Hospital (CMH) indicated that they do SANE and are qualified to do them.

Inmate who reported sexual abuse stated he was not physically touched or threatened. A note was left on his bed commenting on sexual behavior.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

## Instructions for Overall Compliance Determination Narrative

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**Policy:** OP 30.4 states the Special Investigative Unit (SIU) has responsibility and authority to conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure. This policy also requires the Warden to ensure all allegation are investigated. Policy requires the facility investigator to refer to SIU, who has legal authority to conduct criminal investigations, unless the allegation is quickly determined to be unfounded. Policy also requires investigators to complete specialized training as noted in standard. OP 38.3 reiterates the referral and investigative process as noted above.

**Other documentation:** Allegation log showing allegations.  
Investigative file for the only inmate on inmate allegation for the facility in last 12 months..  
Investigative file for the only staff on inmate allegation for the facility in last 12 months.  
A review of the website shows OP 38.3, PREA which outlines the investigative process.

**Interviews:** Agency Head states all allegations are referred to the SIU who have legal authority to conduct criminal investigations. Director of SIU and PREA Coordinator work together on determinations of type of investigation.  
Facility investigator states all allegations are referred to the SIU.

**Finding:** Based on the policies noted above, the investigative files reviewed, and interviews conducted the agency and facility meet this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 102.6 requires employee training and outlines the specific training verbatim from the standard elements (a), (b) & (d).  
OP 350.2 reiterates the 102.6 policy requirements plus requires in-service training cover current VADOC policy on sexual abuse and harassment.

**Other documentation:** PREA in-service training participant and trainer outlines.  
PREA in-service training participant outline (revised)  
PREA training participant exam.  
PREA training checklist  
PREA trainer outline for orientation.  
In-service and orientation logs for all of 2017 & January 2018.  
Participant checklist to include signed PREA Training Acknowledgement Form

**Interviews:** Random staff interviewed all stated they had received PREA training in their annual in-service training, many within the last 1 to 4 months. Staff answers to the elements of question one were very good. It was obvious the staff had all received the training. All staff complete orientation whether new hires or transfers from other facilities and training curriculum indicates all staff are trained in management of all genders. The acknowledgement form is very good and requires

**Observations:** Provided checklist and curriculum covered all identified elements of the standard. 31 new staff received the PREA orientation training in 2017. All current staff received in-service training, including PREA, within the last 12 months which exceeds the standard requirements. The acknowledgement form is very good and requires signature confirming the staff member understands the material.

**Finding:** BACC goes well beyond the requirements of this standard based on policy, other documentation, interviews and other observations. Staff, for having so few incidents of sexual abuse or harassment, have a good understanding of the requirements, policies and procedures. BACC exceed the standard.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 27.1 requires training for all volunteers based on the amount of direct staff supervised contact with offenders or general staff supervised contact. All volunteers and contractors are required to receive training on zero tolerance and methods of reporting. All, with significant contact under general staff supervision, are required to be trained on zero tolerance, prevention, detection and response policies and procedures. Policy requires completion of "Rules or Volunteers" form which requires a signature.

OP 38.3 and OP 350.2 reiterates and supports the above policy.

OP 102.6 reiterates and support the above plus requires long term, full-time contract staff to comply with the same orientation and training requirements as full time VADOC employees.

**Other documentation:** Memo from previous PREA Coordinator outlining, to all unit heads, three levels of contractors and volunteers based on the amount of offender contact and the required amount of training required for each level.

PREA trainer outline for contractors and volunteers

Acknowledgement Form for Volunteers and Contractors which states:

*By signing below, I am acknowledging that I have received a copy of the brochure entitled "A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections." I also certify that I have viewed the Prison Rape Elimination Act (PREA) PowerPoint presentation and have reviewed the Virginia Department of Corrections Operating Procedures 130.1 Rules of Conduct Governing Employees Relationships with Offenders and 038.3 Sexually Abusive Behavior Prevention and Intervention. By my signature, I am acknowledging that I understand that the Virginia Department of Corrections has a zero-tolerance policy for sexual abuse or sexual harassment between offenders and between staff and contractors/volunteers and offenders, and I agree to abide by that policy. I likewise have been made aware of my requirement to report to my supervisor or to the district/facility administration any known instances or suspicions of sexual abuse or harassment of offenders, whether in custody or on community supervision.*

Brochure titled "A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the VADOC.

Power-point presentation of PREA "detecting, Reporting, Preventing"

**Interviews:** Contractors and volunteers interviewed stated they did receive training on their responsibilities on sexual abuse and harassment to prevent, detect and response per agency policy. They stated they were trained and understood the agency's zero tolerance policy and how to report sexual abuse or harassment. They stated report to staff, supervisors, and/or medical staff was best.

**Findings:** Based on interviews with volunteers and contractors, provided policy, training outlines and curriculum and the acknowledgment form with signature, the agency and facility meet the standard.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires offender training and the policy defines each of the elements of this standard, almost verbatim from the standard.

**Other documentation:** Zero Tolerance handout in English and Spanish as well as one for hearing impaired.

Sexual Assault Awareness and Prevention brochure for hearing impaired and in English and Spanish  
Offender form "Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training" with separate sections for how to report, intake and comprehensive. Form requires offender signature and date.

Offender orientation manual (in English and Spanish) with PREA section

Trainer intake outline for PREA offender education-OP 38.3 form 2a

Trainer comprehensive outline for PREA offender education-OP 38.3 form 2b

**Observations:** Auditor did notice posters through the facility including housing units. The library quickly produced documents with PREA information. Auditor did also notice offender handbooks in offenders' possession.

**Interviews:** Intake staff state all offenders entering receives initial orientation with zero tolerance policy and how to report in the property room upon arrival, followed up with comprehensive training within 10 days. Offenders sign acknowledgement forms that are kept in their files.

All but four random offenders interviewed stated they did receive information on how to report during intake and then had an orientation that included PREA information including videos, etc.. Two of the remaining four stated they did not remember getting information at intake but had received information on PREA and how to report. The other two were LEP who had not gotten the information in a format they could understand.

**Finding:** Policy, other documentation show compliance with the standard. Non-compliance appears in not providing offenders the education in a format they understand based on two interviews.

**Corrective action:** BACC needs to identify all offenders who may not have received sexual abuse/harassment education in a format they could understand and provide the education appropriately.

**Action taken:** BACC classification staff reviewed all assigned offenders and determined which offenders may need education presented in a format they can understand. Education was provided, and documentation forwarded to the auditor. Facility is now compliant.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 30.4 states all SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations. This policy then requires training as outlined in the standard, verbatim and requires the PREA Manager to maintain documentation that the required training has been completed.

OP 350.2 reiterates the above with the same verbiage.

**Other documentation:** Transcripts for investigators showing specialist training.

VADOC Investigator's Specialized Training agenda

Power-point investigator's training as developed by the Moss Group

Power-point investigator's refresher training as developed by the Moss Group

**Interviews:** Investigator stated he has received training specific to sexual abuse and harassment on-line and through the department. Training covered a lot including evidence collection for sexual assault cases, interviewing sexual assault victims, proper use of Miranda and Garrity advisements, level of evidence for substantiating or not and prosecution or not.

**Observations:** Auditor did review the only two cases alleged in the last 12 months. One case was substantiated but not referred for prosecution and the other was found to be unfounded.

**Finding:** Based on the information provided in policy, training outlines and transcripts of training the agency and facility meet the standard.



## Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 102.6 requires medical and mental health practitioners to receive the mandated training for employees or for contractors/volunteers depending upon the practitioner’s status. OP 701.1 require the Health Authority to document that all full and part time medical staff receive specialized training as outlined in this standard. OP 720.7 require al health care providers be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence.

**Other documentation:** Rosters of staff attending NIC PREA Training, PREA Medical and Mental Care Standards, PREA Resource Center training for medical staff power-point. Certificates of Completion for numerous medical staff for “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting”

**Interviews:** Medical staff interviewed stated they do not do SANE at the facility. These are done at the local hospital. Staff state they did received specialized training that included has to detect sexual abuse, how to report suspicions, how to preserve evidence and encourage the victim to no wash, use the toilet, etc..., respond to the needs of the victim and how to professionally talk with them, etc...

**Finding:** The facility meets this standard as evidenced by policy and training rosters, etc....

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 730.2 requires an offender to be reassessed due to a referral, request, incident of sexual abuse or receipt of additional information.

OP 810.1 requires an assessment be conducted within 72 hours at reception to the agency for their risk of being sexually abused by other offenders or being sexually abusive. This policy also limits who may have access to this information and states offenders may not be disciplined for refusing to answer or for not full disclosure.

OP 810.2 requires each facility to assess all offenders upon transfer within 72 hours and limits who can have access to this information. Policy also requires a re-assessment within 21 days of the offender's arrival.

**Other documentation:** Memo from PREA Coordinator instructing all Wardens that persons doing assessment can indicate on the assessment form that the offender is perceived to be LGBTI. Several examples of assessments and reassessments.

**Interviews:** Staff responsible for risk screening stated he does do screenings upon admission for risk of victimization and abusiveness. Most are done within 24 hours but never more than 72 hours. VADOC uses a checklist for both the assessment and reassessment and it covers all areas identified in the standard. We fill out the checklist during a conversation about their incarceration and arrival. Offenders are reassessed within 21 days of arrival at the facility. They will also be reassessed due to a referral, request, PREA incident or any other related information is received. Offenders are never disciplined for

refusing to answer or not fully disclosing. Only counselors, treatment staff, unit managers and records retentions staff have access to the assessments.

The PREA Coordinator states the risk assessments have limited access for confidentiality.

The PREA Manager states the assessments are limited to unit managers, medical, counselors, records, and the Warden/Associate Warden.

Random offenders stated generally stated they were asked the questions in #& of the inmate interview guide. A couple said no and others said they remember some of those questions but not all. Those that remembered stated they were asked those questions within the first day or up to three days. Of the offenders who had been at the facility for over 30 days several stated they had been asked those question again with most saying it occurred at their annual classification review.

**Observations:** The systems is computerized so difficult to see in hard copy. Auditor accompanied the classification officer to the computer and the auditor randomly selected offenders from a roster to have the data retrieved. In all cases the initial assessment and subsequent reassessments were retrieved for viewing.

**Finding:** Based on the observations, interviews, forms and policy presented, the facility meets this standard.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 has dedicated a section/paragraph to this standard and requires compliance verbatim from the standard. All elements are covered in the policy.  
OP 425.4 reiterates all elements of the above policy and the standard.

**Other documentation:** Memo from Warden indicating the facility did not house any offenders that were at high risk of being abused or victimized during the last 12 months.

**Interviews:** PREA Manager states the use the info from screening to make individual determinations of housing, work and program assignments for offenders at high risk or LGBTI offenders. Offender safety and facility security are major considerations in placement of offenders. Policy requires transgender and intersex offenders are assessed twice per year. All offenders' views are taken into consideration when making placements. Transgender and intersex offenders are given the opportunity to shower separately. There are no consent decrees, legal settlements or legal judgements requiring established for a dedicated unit or wing.  
PREA Coordinator states there are no consent decrees, legal settlements or legal judgements requiring established for a dedicated facility, unit or wing to house LGBTI offenders.  
Staff responsible for risk screening states the information gained from risk screening is used to keep victims and possible abusers separate and to ensure each offender stays safe. Each case is evaluated individually. BACC has not had to reassess any transgender or intersex offenders but would do so twice per year and their views of their own safety would be given serious consideration in placement. Transgender and intersex offenders are given the opportunity to shower separately.

**Observations:** The facility reports no LGBTI offenders are currently housed at BACC.

**Finding:** Based on the above information, the agency and facility meet the standard.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 425.4 outlines the elements of the standard in policy. This covers elements (a), (b), (c), (d) and ( e). Policy also requires all identified victims of sexual abuse be reviewed to determine continuing need for separation.

**Other documentation:** Memo from Warden stating no offenders were placed in involuntary segregation due to high risk of sexual victimization within the last 12 months. Form 425\_F6, Sexual Abuse/Sexual Harassment Available Alternatives Assessment is used to assess the need for involuntary segregation and alternative placements.

**Interviews:** The Warden states offenders can only be held in involuntary segregation at BACC for 72 hours unless specific permission is granted by HQ and then for 7 days max. No offenders in segregation.

**Observations:** BACC has three “segregation” cells in each housing unit. These are holding cells supervised by the same staff supervising the rest of the unit. No staff are assigned specifically to segregation. Offenders are not held in these holding cells for more than 7 days.

**Finding:** The facility meets this standard as there is no long-term segregation and they have not segregated an offender due to risk of sexual victimization over the last 12 months. Policy and other documentation is in place.

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires the agency and facilities to provide offenders the methods to report as outlined in the standard and is verbatim in the policy.

OP 801.6 allows for offenders to report sexual abuse or harassment via the "offender request" form.

OP 803.3 states the PREA hotline is available by dialing #55.

OP 866.1 establishes the informal complaint system and the formal grievance system, to include emergency grievances) for reporting sexual abuse and harassment.

OP 38.1 outlines how staff are to accept, report and document verbal reports they receive.

**Other documentation:** Zero Tolerance brochure, in English and Spanish, with hotline number, speed dial number, TTY number and address to Action Alliance.

MOU with Action Alliance to accept hotline calls, etc....

Sexual Assault Awareness and Prevention brochure, in English and Spanish, with phone number and website to Virginia DOC to report, #55 hotline, TTY number, an interpreter service number and address

**Observations:** Policy above provides numerous ways for offenders to report, either in writing or verbally (and anonymously if wanted) including: to staff, to supervisors, chaplains, medical. Mental health, counselors, through a third party, PREA hotline (#55), an offender request form, TTY number, address to Action Alliance, etc...

Auditor did observe posters throughout the facility with reporting methods as list above.

The auditor did test the #55 PREA hotline and found it to be operational and the report was forwarded to the PREA Coordinator. No offenders are detained solely for civil immigration purposes at BACC.

**Interviews:** Random staff interviewed stated they could privately report to supervisors or up the chain of command as necessary to include the Warden, AW or PREA Manager. Some indicated they could use the hotline number and some said report to investigations. Most staff indicated inmates could report through staff or the hotline; some staff hit on almost all forms of reporting and other could remember some of the methods but not all. All staff interviewed stated they were aware offenders could report

verbally or in writing and through a third party and could do so anonymously. Staff stated they had to report any allegation in writing as soon as possible after receiving the report.

**Finding:** The agency provides numerous ways for offenders to report under the guidelines of this standard. Staff and offenders had been trained and educated on these methods. Postings are good and brochures, orientation and handbooks are good. The agency and facility exceed this standard.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires the facilities meet the requirements of elements (b) and ( e) of the standard, verbatim.

OP 861.1 requires offenders not be charged for filing a false report or grievance involving sexual abuse unless the agency demonstrates the offender filed the grievance in bad faith.30.4

OP 866.1 states offender are not required to use the informal complaint process when the subject is sexual abuse and states there is not time limit for filing a formal grievance regarding sexual abuse. This policy also defines the emergency grievance process and outlines time frames. Policy also ensures offenders can submit a sexual abuse grievance to someone other than the subject of the grievance and the grievance will not be referred to a staff member who is the subject of the complaint

**Other documentation:** Memo from Warden stating BACC did not receive any emergency grievances for sexual abuse or harassment.

BACC Offender Orientation Manual outlining how to file a grievance and an emergency grievance.

**Interviews:** One offender was available who had reported sexual abuse. He stated he was told verbally of the outcome of his report and received a letter from the PREA Manager about 2 to 3 weeks after the incident.

**Findings:** Based on policy and other documentation, the agency and facility meet the standard.

## **Standard 115.53: Inmate access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Policy:** OP 38.3 requires facilities to provide access to outside confidential support services. The policy outlines the elements of (a), (b) & (c) of this standard.

**Other documentation:** MOU with Action Alliance to provide emotional support.  
Zero tolerance brochure with phone # and address for Action Alliance who provide emotional support services.  
Sexual assault awareness brochure informing offenders the unit manager can provide information on external crisis intervention and emotional support services.

**Interviews:** The one offender available who reported sexual abuse stated he was given information, with phone numbers and an address, by the investigator for emotional support services. He said he was told the phone call and services were at no charge to him.  
Most randomly selected offenders did not know about outside emotional support services. Some speculated but did not know who or how to contact.

**Observations:** When the auditor asked for the contact information, staff readily produced the brochure with phone # and address. Both were on postings in the units as well.  
Offender are detained solely for civil immigration purposes at BACC.

**Finding:** The facility meets the standard by established policy and providing the necessary information for offenders.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 states the VADOC public website provides contact information on how to report sexual abuse and sexual harassment on behalf of an offender.

**Other documentation:** Snapshot of website which provides the [PREAGrievance@vadoc.virginia.gov](mailto:PREAGrievance@vadoc.virginia.gov) email and a confidential reporting hotline. “Third Party Reporting Form”, in English and Spanish, used to report sexual abuse or harassment on behalf of an offender.

**Observations:** The above third-party reporting forms are available on the website.

**Finding:** The agency and facility meet the standard.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 30.4 states all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation. OP 38.3 establishes staff responsibilities in reporting as outlined in this standard covering elements (a), (b) & (d).

OP 720.2 and 720.7 requires all offenders be informed of medical and mental health's duty to report and the limitations to confidentiality.

OP 730.2 requires mental health to report any knowledge, suspicion, or information regarding sexual abuse.....and report retaliation against offenders or staff who reported.....and report any staff neglect or violation of responsibilities..... This policy also states: At the initiation of services, before beginning the Sexual Assault Assessment, the QMHP will advise the offender of the practitioner's duty to report, and the limitations of confidentiality (see Operating Procedure 730.6, Mental Health Services: Confidentiality) and that such information may be available to the facility administration in the context of an investigation.

**Other documentation:** Memo from Warden stating no allegation of abuse or retaliation was reported to medical or mental health in the last 12 months.

Investigative report of an allegation made through an anonymous note. Case was determined to be unfounded.

**Interviews:** All random staff interviewed stated they are required to report... as outlined in the standard. All stated they report to their supervisor or shift commander and write an incident report.

Medical and mental health staff stated they are required to disclose the limitations of confidentiality and duty to report and are required to report any information regarding sexual abuse or harassment. They have not had an incident within the last 12 months.

The Warden states all allegations are report to the PREA Coordinator and the facility investigator.

**Observations:** BACC does not house offenders under the age of 18.

**Finding:** Based on the above information, VADOC and BACC comply with the elements of this standard. Policy is in place, staff were aware of their responsibilities.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires when a facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.

OP 425.4 states offenders who are subject to a substantial risk of imminent sexual abuse or are considered to be at risk for additional sexual victimization shall be referred to the Qualified Mental Health Professional (QMHP) who will immediately consult with the Facility Unit Head or designee to recommend immediate action to protect the offender.

OP 730.2 states when staff learns that an offender is subject to a substantial risk of imminent sexual abuse or is considered to be at risk for additional sexual victimization, the QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the offender.

**Other documentation:** Incident report and investigation report showing the possibility of an offender being at imminent being moved to a separate unit immediately.

**Interviews:** The Agency Head states the inmate is separated and each case is individual. Protect the inmate but do not punish by placing in restricted housing.

The Warden states the offender will be interviewed and moved, if necessary, to another unit or another facility based on the circumstances.

All random staff stated to separate the reported victim and report to the supervisor.

**Finding:** Policy is in place and very good. The one reported incident was handled appropriately. All staff interviewed were aware of policy and procedure. The agency and facility meet this standard.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 states upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Unit Head shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

OP 30.4 states when the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA Standards.

**Other documentation:** Memo from Warden stating BACC did not have any notification to or from another facility of an offender being sexually abused or harassed.

**Interviews:** The Agency Head states the PREA Coordinator is the point of contact and she would ensure investigation occurred. Alleged perpetrator would be interviewed. The Warden states he would call the other facility head immediately and ensure investigation occurs. Ensure protection of report victim and ensure reported perpetrator is not victimizing others. Has not happened in the last 12 months.

**Finding:** Policy covers this well and staff interviewed were aware of the procedure. Has not happened at BACC over the last 12 months. The agency and facility meet the standard.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Policy:** OP 30.4 requires: Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to: 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; If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

OP 38.3 reiterates the above.

OP 75.1 reiterates the above and adds: If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

**Other documentation:** Memo from the Warden stating BACC has had no incidents reported in the last 12 months requiring first responder actions.

**Observations:** All first responders are security staff and all security staff are or can be first responders.

**Interviews:** Most random staff interviewed were also interviewed as first responders. Most staff understood the responsibilities of the first responders to separate the victim and possible abuser, staff with the victim and encourage to not wash, change clothes, use the toilet, brush his teeth, drink or eat, etc.. ensure the reported abuser not do any of that, secure the scene, report, contact medical and investigations, etc... The single offender who reported sexual abuse stated staff kept him with them and moved him out of the unit. He felt first responder staff responded appropriately.

**Finding:** The agency and facility policy is very good. Staff were very knowledgeable on the subject considering they have had very few causes for first responders to a sexual abuse incident. The one case reported did not involve physical contact between the victim and abuse. The facility exceeds the standard.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 states each facility will develop a written institutional plan.

OP 75.1 states: Sexual Assault Response Checklist 038\_F6 should guide initial coordinated response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

**Other documentation:** Baskerville Correctional Center "Sexual Assault Response Checklist" Baskerville Correctional Center PREA Plan outlines duties of first responders, medical staff, investigators, administration and the PREA Compliance Manager.

**Interviews:** The Wardens states BACC does have a written response plan should it be needed.

**Finding:** The facility has a facility-specific response plan. Policy is in place. The facility meets the standard.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Code of Virginia prohibits State agencies from involvement in collective bargaining.

**Finding:** Meets standard.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 inmates 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires staff or offenders who report sexual abuse/harassment or who cooperate with the investigation shall be protected against retaliation. Policy goes on to define elements (a), (b), (c), (d) ( e) & (f) of the standard.

OP 135.2 states: All offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff.

**Other documentation:** Investigative report showing substantiated case and retaliation monitoring log for that victim. Log has categories for monitoring housing, job, or program changes and disciplinary reports.

**Interviews:** Director states policies are in place to inform staff retaliation will not be tolerated. Offenders are advised staff cannot retaliate and how it can be reported. Offenders can report to HQ or file a grievance.  
The Warden states any retaliation reports will be investigated. We may have to move staff or offenders and take disciplinary action.  
Staff responsible for the monitoring for retaliation states he monitors staff and offender changes in behavior, movement of the victim, performance evaluations, job assignments, etc... If retaliation is suspected he will confer with the Warden and PREA Coordinator and Manager and if necessary, make or recommend moves, recommend disciplinary actions, etc... He states he or the PREA Manager meet with the victim at least every 30 days but do unannounced periodic visits as well. Will monitor for at least 90 days or longer if necessary until no longer a threat.  
Offender who reported sexual abuse stated he felt safe and protected after reporting the abuse.

**Finding:** Based on policy, the monitoring log and the interviews conducted, the agency and facility meet this standard.



## Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Policy:** OP 425.4 outlines the elements of the standard in policy. This covers elements (a), (b), (c), (d) and (e). Policy also requires all identified victims of sexual abuse be reviewed to determine continuing need for separation.

**Observations:** See narrative of 115.43 above. BACC has three "segregation" cells in each housing unit. These are holding cells supervised by the same staff supervising the rest of the unit. No staff are assigned specifically to segregation. Offenders are not held in these holding cells for more than 7 days.

**Finding:** The facility meets this standard as there is no long-term segregation and they have not segregated an offender due to protection from retaliation over the last 12 months. Policy and other documentation is in place.

## INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 30.4 states all allegations of sexual abuse or harassment shall be done promptly, thoroughly, and objectively and all investigative staff will complete specialized training before investigating PREA related cases. This policy goes on the address elements (c), (d), (e), (f), (g), (h) & (j) verbatim from the standard.

OP 38.3 addresses elements (i) outlining the retention of case records and (k) stating: An administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment.

**Other documentation:** Examples of power-point presentation of the Moss Group's training titled "Investigating Sexual Misconduct and Abuse: Implications of the PREA. Training records for facility investigator showing completion of PREA general staff and investigator specific training completion. Two investigative reports.

**Interviews:** Facility investigator stated he has received training specific to sexual abuse investigations in a confinement setting and other sex crimes investigation. He states an initial investigation begins as soon as report is received to ensure offender safety. Once safe, in depth investigation will begin no later than 30 days. All allegations are investigated regardless of the origin. The first steps are interviewing the reported victim, secure physical evidence, interview others, review electronic equipment, etc... If SANE is indicated, he will go with the victim to the hospital to retrieve physical evidence. Evidence will include; physical, trace, DNA, video, interviews/statements, involved persons' histories, etc... All substantiated cases are referred to the DA decision on prosecution. DA is involved throughout the investigation and would recommend for or against compelled interviews. An offender may be asked to perform a polygraph but not as a condition to proceed with the investigation. Each person interviewed credibility is determined on a case by case scenario and all are considered credible until shown otherwise. Staff actions or failures to act can be a factor so we look at the reports, camera, interviews, etc... to determine if that is the case. All investigative reports, administrative or criminal, include all information gained. If a staff member or offender leaves the agency or facility does not affect the status of the investigation and it will continue. May need to refer to local law enforcement of DA for assistance. The VADOC Special Investigations Unit investigates all allegations of sexual abuse. Offender who reported sexual abuse stated he was not asked or compelled to take a polygraph.

**Finding:** Based on provided policy and after reviewing most recent investigative reports and interviews with the facility investigator, the agency and facility meet the standard.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 135.1 and 135.2 states a preponderance of the evidence shall be used as the standard in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Other documentation:** Memo from Warden stating BACC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

**Interviews:** Facility investigator states the level of evidence to substantiate a case is preponderance.

**Finding:** The agency and facility meet this standard.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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)

### Instructions for Overall Compliance Determination Narrative

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**Policy:** OP 38.3 requires all of the elements of this standard be met and policy is verbatim from the standard.

OP 30.4 states upon completion of the investigation, SIU should report to the Facility Unit Head to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

**Other documentation:** Investigative reports showing notification to the reported offender victim of the case outcome and showing status of the reported abuser.

**Interviews:** The Warden states that the reported victim is notified in writing of the outcome and status of the reported abuser.

Facility investigator states offender victims are notified of a case being substantiated unsubstantiated or unfounded.

Offender who reported sexual abuse stated he was aware the facility was to tell him the status of the case and he was told his case was substantiated and the abuser was moved to another facility and was being charged under the disciplinary system. He was advised in person and in writing.

**Finding:** Policy is in place and the facility has done a very good job on the cases they have investigated. They have had very few cases reported. Staff responded very well to the interviews. The agency and facility exceed this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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**Policy:** OP 135.1 states: Staff shall be subject to disciplinary sanctions up to and including termination for violating DOC sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of DOC policies relating to sexual misconduct or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC sexual abuse or sexual harassment policies shall be informed of the DOC's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. OP 135.2 reiterates much of the above.

**Other documentation:** Memos from the Warden stating they had no staff disciplined or terminated for violating sexual abuse of harassment policy and had no referrals to law enforcement or licensing bodies within the last 12 months.

**Finding:** As BACC has had no cases and policy meets the elements of the standard. VADOC and BACC meet this standard.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 27.1 requires: Any volunteer who engages in sexual abuse shall be banned, prohibited from contact with offenders, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to relevant licensing bodies. In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders. OP 135.2 requires the same but includes contractors and volunteers.

**Other documentation:** Memo from Warden stating they have had no cases of sexual abuse or harassment involving contractors or volunteers within the last 12 months.

**Interviews:** The Warden states volunteers or contractors found to have violated sexual abuse or harassment policies would be barred from the facility and an investigation initiated.

**Finding:** Policy is in place to remove and bar contractors or volunteers from contact with offenders if determined to have violated sexual abuse or harassment policies. They would be referred to local law enforcement and licensing bodies as appropriate. The agency and facility meet the standard.

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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**Policy:** OP 861.1 is the offender disciplinary operational procedure and addressed (a), (b), (c), (d), (f) & (g) of the standard. Sexual abuse is a level one offense.  
OP 38.3 further addresses (f) that offenders making a report in good faith shall not be charged.  
OP 820.2 further addresses (d) requiring offenders found guilty of sexual abuse are required to participate in interventions as a condition of access to programs and other benefits.

**Other documentation:** Memo from Warden stating they did not have any disciplinary reports/sanctions for offender on offender sexual abuse in the last 12 months.

**Interviews:** The Warden states sanctions for sexual abuse could include disciplinary segregation and do consider the offender's possible mental illness. Sexual abuse is a level one offense. Medical staff state they do provide therapy to offenders convicted of sexual abuse to attempt to identify and address the underlying reasons for the abusiveness.

**Finding:** The facility reports having no cases of inmate on inmate or inmate on staff sexual abuse. Policy is in place to address when needed. Based on the information provided the agency and facility meet the standard.

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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? (N/A if the facility is not a prison.)  
 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

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 425.4 states: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, 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.

OP 701.3 states: Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

OP 730.2 requires institutions to, within 14 days of completion of the Classification Assessment, the QMHP will notify offenders identified as HRSA or HRSV of the availability of a follow-up meeting with a mental health practitioner and relevant available treatment and programming. Notification will be documented on the Prison Rape Elimination Act (PREA) QMHP Follow-Up 730\_F28.

**Interviews:** Staff responsibility for risk screening state offenders who report or are found to have experienced previous sexual abuse victimization or perpetrated sexual abusiveness are referred to mental health prior to permanent placement and mental health offers further evaluation/treatment within 14 days.

Medical staff state they do obtain informed consent prior to reporting sexual victimization that did not occur in an institutional setting. No youthful offenders are housed here.

**Observations:** The facility reports no offenders have reported prior sexual victimization or abusiveness within the last 12 months.

**Finding:** Based on the policy and interviews conducted, the facility meets this standard.

## Standard 115.82: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



**Policy:** OP 720.7 outlines addresses elements (a), (b), (c) & (d) of this standard verbatim from the standard.

OP 383 states: If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facilities designated medical and mental health practitioner.

OP 720.4 states: Emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Observation:** The facility reported no sexual abuse allegations involving physical contact were made within the last 12 months.

The only offender who reported sexual abuse available stated his case did not involve physical contact, therefore did not see medical.

**Interviews:** Medical staff state offenders do receive timely and unimpeded access to emergency medical treatment and crisis intervention and are offered timely information about access to STI prophylaxis through Action Alliance and/or the facility medical staff. Medical treatment is immediate and mental health is within 24 hours.

First responder staff state part of their response is contacting medical and mental health.

**Finding:** No cases have occurred. Policy is in place to address each element. Staff are knowledgeable and provided good responses. The agency and facility meet the standard.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 720.7 addresses each element, except (h) of this standard verbatim from the standard.

OP 730.2 addresses many of the elements to include (h).

**Observations:** The facility reports no allegations of sexual abuse of offenders were received within the last 12 months.

**Interviews:** Medical staff state on-going treatment of offenders who have been victimized includes treatment plans and programs, follow up services, emotional support, etc... They feel services offered at the facility are equal to or at a higher level than community level of care.

**Finding:** Based on policy the facility meets the standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.1 states: A sexual abuse incident review shall be conducted 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. A sexual harassment incident review shall be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. The review should begin as soon as practical after the incident and a Report of Incident Review 038\_F3 submitted within 7 working days of the initial Incident Report. Follow-up reports may be submitted if all information is not available within 7 working days. The policy goes on to describe, verbatim from the standard, elements of section (d) or the standard and states "Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement or shall document its reasons for not doing so." The policy is well written to include much more information on the methodology of the review and defines the documents to be reviewed and/or completed. Form 038\_F3 "Report of Incident Review" is the checklist used for the review and covers the identified elements.

**Other Documentation:** Available completed “Report of Incident Review” forms provided and reviewed by the auditor.

**Interviews:** The Warden states the facility does have an incident review team and follows a checklist. The Warden and an assigned supervisor selects team members to include investigations and medical/mental health staff. The team submits the review report to me and the PREA Coordinator with recommendations for training, policy change, physical plant changes, etc....

PREA Compliance Manager states BACC has policy for a review team. Normally the AW or PREA Manager will be the lead and the team will include medical, mental health, investigations, etc... PREA Manager and the lead receives the completed report, meets with the Warden to discuss findings and recommendations then forwards the report to the agency PREA Coordinator.

The Associate Warden was interviewed as part of the incident review team. He states they follow the checklist that includes all the elements of the standard. He states the team will examine the area of occurrence if relative, to include camera coverage. They will look at staffing rosters to ensure staffing was adequate.

**Finding:** BACC has a very good incident review system in place which they have used. Policy defines the process and the checklist covers all elements of the standard. The agency and facility meet the standard.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires this to occur and the policy is verbatim from the standard.

**Other documentation:** 2014, 2015 & 2016 Annual Reports and BJS Surveys.

**Observations:** The Annual Reports were reviewed by the auditor and found to be in a standardized format with graphs indicating number of reports/incidents of specific violations such as, staff sexual harassment of offenders, staff sexual misconduct involving offenders, offender on offender abuse, harassment & offender on offender non-consensual sexual acts. Reports include corrective actions taken by each facility and a summary/comparison from previous year.

**Finding:** Based on the above policy and observations of the annual reports and BJS Survey of Sexual Victimization forms, the agency meets this standard.

#### Standard 115.88: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



**Policy:** OP 38.3 requires this to occur and the policy is verbatim from the standard.

**Other documentation:** 2014, 2015 & 2016 Annual Reports.

**Interviews:** The Agency Head states annual reports provide data for any trends that require corrective actions. He does review and sign the annual reports.

The PREA Coordinator states all allegations are reported to her and forwarded to SIU to allow data to be reported and retained at one source. The agency prepares an annual report and allegations and audit information are included in the annual reports. Any PII is redacted.

The PREA Compliance Manager states all reports are sent to the PREA Coordinator to collect and summarize the data. BACC reports annually, to the PREA Coordinator, on all occurrences such as incidents of sexual abuse, harassment, audits, PREA related actions taken, etc...

**Observations:** The Annual Reports were reviewed by the auditor and found to be in a standardized format with graphs indicating number of reports/incidents of specific violations such as, staff sexual harassment of offenders, staff sexual misconduct involving offenders, offender on offender abuse, harassment & offender on offender non-consensual sexual acts. Reports include corrective actions taken by each facility and a summary/comparison from previous year and are signed as being reviewed by the Director of VADOC and the PREA Coordinator. The auditor did review the annual reports on VADOC's website.

**Finding:** Based on the above policy, interviews and observations of the annual reports, all identified data is present and the agency meets this standard.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policy:** OP 38.3 requires this to occur and the policy is verbatim from the standard.

**Observations:** The auditor did review the annual reports on VADOC's website.

**Finding:** Based on policy and a review of the website, the agency meets this standard .

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No

- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Observations:** A review of the website indicates 20 facilities were audited in VADOC in the first year of the audit cycle which is at least one third of its total facilities. He auditor was given access to all areas of the facility and was provided all documents requested in a timely manner. Photos of the audit notice posting was proved to the auditor although no offenders contacted the auditor prior to the on-site. Auditor was provided with a secure and private location for all staff and offender interviews.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Observations:** A review of the website shows all the agency's previous audits posted, to include BACC's report submitted on July 4, 2015 by the auditor. Auditor has no way of knowing when the facility posted the report to their website.



## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dave Cotten

June 25, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.