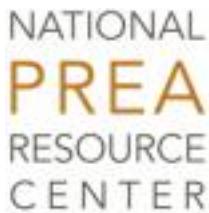


# PREA AUDIT: AUDITOR'S SUMMARY FINAL REPORT

## ADULT PRISONS & JAILS



Bureau of Justice Assistance  
U.S. Department of Justice

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

<b>Name of facility:</b>	Baskerville Correctional Center		
<b>Physical address:</b>	4150 Hayes Mill Road, Baskerville, VA 23915		
<b>Date report submitted:</b>	July 4, 2015		
<b>Auditor Information</b> Charles J. Kehoe			
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<b>Telephone number:</b>	(804) 873-4949		
<b>Date facility visit:</b>	April 15 – 16, 2015		
<b>Facility Information</b>			
<b>Facility mailing address:</b>	Same as above		
<b>Telephone number:</b>	(434) 447-3857		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Wayne Hatcher		<b>Title:</b> Institutional Investigator
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<b>Agency Information</b>			
<b>Name of agency:</b>	Virginia Department of Corrections		
<b>Governing authority or parent agency:</b>	N/A		
<b>Physical address:</b>	6900 Atmore Drive, Richmond, Virginia 23261		
<b>Mailing address: (if different from above)</b>	P.O. Box 26963, Richmond, Virginia 23261		
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<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Elisabeth Thornton	<b>Title:</b>	Corrections Operations Administrator
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# AUDIT FINDINGS

**NARRATIVE:** The PREA Audit of the Baskerville Correctional Center was conducted from April 15 -16, 2015. The Designated Auditor was Charles J. Kehoe. Mr. Kehoe was assisted by Certified PREA Auditor, David Haasenritter who reviewed the files in advance of the audit.

The auditor wishes to extend his deepest appreciation to Warden Carl Hester and his staff for their professionalism, hospitality, and kindness.

The auditor also wishes to compliment the Virginia Department of Corrections (DOC) PREA Coordinator, Elisabeth Thornton and Regional PREA Analysts Lawanda Long and Rose Durbin, for their outstanding work in organizing the electronic files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently.

The DOC PREA Coordinator, one of the Regional PREA Analysts, and the agency contract manager were interviewed by Mr. Haasenritter and Mr. Kehoe on December 16, 2013. Mr. Haasenritter also conducted a telephone interview with a representative of the victim advocacy agency that provides emotional support services to offenders who have been sexually abused in any DOC facility.

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

An Entrance Meeting was held at 8:10 a.m. on Wednesday, April 15, 2015 with Warden Hester, Ms. Rose Durbin, and eight administrative staff members. The Warden provided the auditor with an overview of the Baskerville Correctional Center and the offender population it serves. The auditor reviewed the audit schedule and provided the Warden with a list of offenders and staff he randomly selected to be interviewed from the offender list and staff list that was sent to him.

Following the Entrance Meeting, the auditor was given a complete tour of the Baskerville Correctional Center by the Warden. The tour began at 8:37 a.m. and ended at 10:35 a.m. (A tour of two farm buildings and surrounding land was completed on Thursday, April 16, 2015 following the Exit Meeting.) 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.

Ten 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. One of the ten offenders was also identified being transgender and was interviewed. There was at least one offender interviewed from each housing unit.

Ten correctional officers were interviewed who were randomly selected by the auditor from both shifts. Fifteen interviews were conducted with specialized staff or staff in specialized area. These interviews included the Warden, PREA Manager, Intermediate/Supervisory staff who make unannounced rounds, the Health Administrator, a mental health professional, the Human Resources Manager, the Institutional Investigator, the Counselor who conducts screening for risk of abuse or victimization, an officer who supervises offenders in segregation, an Incident Review Team member, the staff member who monitors for threats of retaliation, a non-security staff member who can act as a first responder, and an Intake

staff member. The auditor also interviewed one contractor and one volunteer. In total, the auditor conducted 36 interviews during 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 correctional officers and other staff know about 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.

The auditor selected and carefully reviewed three personnel files and training records of correctional officers he had randomly interviewed. The personnel files were very organized and contained all the necessary background check information and written documentation that the correctional officers received the required training and understood it.

The auditor also reviewed five offender files and saw documentation of offender education, intake screening, and risk of victimization. The DOC's offender files are very organized and provided detailed information on the offender.

There have been three allegations of sexual harassment in the past year and no allegations of sexual assault. The auditor reviewed the three sexual harassment investigation files with the investigator.

Health care and mental health services that are provided to the offenders at Baskerville Correctional Center are very professional. During interviews, the offenders acknowledged that mental health professionals are available and that they can also see the counselors at this facility.

When the on-site audit was completed, the auditor conducted the Exit Meeting on Thursday, April 16, 2015 at 3:30 p.m. While the auditor could not give the facility a final finding, as there was one issue needing further clarification, the auditor did give an overview of the audit and thanked the Warden and his staff for their hard work and commitment to the Prison Rape Elimination Act.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Baskerville Correctional Center (BACC) is located at 4150 Hayes Mill Road, Baskerville, Virginia, approximately 112 miles south of the City of Richmond, Virginia. The facility was opened in 1962 with other buildings constructed and opened in 1990.

Baskerville Correctional Center is a Level I and Level II facility. The Level I Assignment Criteria states that offenders assigned to Baskerville cannot be convicted of the following offenses: murder I or II, sex offenses, kidnapping/abduction, or escape. In addition an offender cannot have any disruptive behavior for at least 24 months. The Level II Assignment Criteria, for the initial assignment, states that offenders cannot have any escape history within the past five years. Single life sentences must have reached their Parole Eligibility Date (PED) and the offender cannot have any disruptive behavior for at least 24 months prior to consideration for a transfer to any less-secure facility. The age range of the facility is 20 to 70 years of age. There were 473 offenders in the facility on the day of the audit.

There are a total of 22 buildings and 2 greenhouses on the property. Three of the buildings are housing.

There are 154.5 authorized positions at Baskerville Correctional Center.

The facility offers vocational and educational programs to the offender population. When the tour began, the auditor was taken to the print shop where offenders learn the printing trade and print documents for various offices in the DOC and other state agencies.

The Masonry Shop is another vocational program where offenders can learn the trade of brick laying and brick work. In both of these programs, the offenders are under the direct supervision of vocational instructors and correctional officers.

H-1 is a housing unit that also has space for visitation, a dental office, and a medical exam room. There are approximately 128 inmates assigned to H-1 on the A and B sides (64 offenders per side).

Throughout the facility, the auditor noticed that considerable renovations were made to the shower and toilet areas to provide greater privacy to the offenders while they are showering and using the toilet facilities. Additional improvements are being planned. In H-1 B, the auditor also visited the segregation unit. There were no offenders in that unit during the audit.

The basement area of H-1 is a large area that includes a library, a law library, a large recreation area and a laundry area. The bathroom area has been modified to provide privacy and the shower area for the upstairs dorms has also been modified with view panels that improve privacy and still provide security.

In walking through the library, the auditor noticed a "take away" box that held the DOC PREA brochures.

An outside recreation area with covered area for fixed weights is adjacent to H-1. Two new buildings, including a Watch Commanders Office and a library have been added.

Housing Unit H-2 was constructed in 1989 and opened in 1990. This unit includes 5 segregation cells. (There were no offenders in the cells at the time of the audit.) If a transgender, intersex, or gay offender wishes privacy when he showers, provisions are made for him to use the shower in the segregation area. As in the other dorm there is an "A" side and a "B" side. Modifications have been made to this building, as well, to insure inmate safety and privacy. There is one officer assigned to both dorms. If the facility is "short-staffed," the correctional officer in the Control Booth can observe one of

the two sides while the floor officer is on the other side. The auditor visited the control booth to see what the cameras can see in that dorm. Offenders using the toilets and showers had privacy, but security was still provided. Mirrors at the back of the housing unit enhance visibility.

The auditor visited housing unit H-3. In the segregation unit the auditor noticed that the facility used a portable shower. H-3's housing floor plan is the same as in Housing Unit 2. Showers and toilet areas provide privacy for the offenders.

The housing units have cameras that cover the open bay dorms, but to improve security, additional cameras are being added.

The Computer Class is in a double-wide type building. The class was going on during the visit and was well attended. There are no cameras in the classroom, but the view panels in smaller areas enhance the line-of-sight and direct supervision in the building. The building has two toilets which are locked and opened only by staff.

The GED Class is also in a double-wide building. This area has a restroom for offenders. There is another classroom that was not in use. There was no camera in this area.

The Dining Hall has several cameras in each corner and three more to be added. The Kitchen Workers are stripped searched after their work is done for the day. One offender told the auditor that these searches could be observed from the Control Room. The auditor specifically reviewed what this camera in the strip area sees. The view of the strip search area does not allow anyone to actually observe the search.

The cameras in the kitchen and food preparation area have very adequate camera coverage. The Dry Storage area is also covered with a camera. The coolers do not have cameras, but offenders are not allowed in the coolers without staff supervision.

The auditor also observed the tool area and staff dining room. Cameras are planned for these areas.

The auditor was then taken to the Strip Search areas where offenders returning to the facility from work assignments are searched. There is no camera in the room where the strip searches are conducted.

The auditor was told that there are 32 cameras in the facility and 32 more are being added under a \$59,000 grant from the Virginia Office of Criminal Justice Programs.

Health care services are overseen by a Health Administrator who is a Registered Nurse. There are three other LPNs at the facility, as well.

During the audit, the auditor called the number of the third party reporting agency. He spoke with the person from the agency who explained the process on what would happen if an offender made an allegation of sexual assault. At the end of the conversation, the advocate said that an offender at another facility had repeatedly called the number so many times that he was actually able to bring the reporting system to a halt by leaving so many messages that it filled the voice mail box. The auditor was told by DOC staff that they are aware of this abuse of the system and are taking steps, at the request of the advocacy agency, to change reporting procedures.

The auditor did observe PREA posters and Audit Notices throughout the facility.

The auditor found the facility to be very clean and organized.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 4  
Number of standards met: 37  
Number of standards not met: 0  
Non-applicable: 2

## **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

Operating Procedure 038.3 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; other agency policies supplement the main PREA policy. Agency policies and procedures are well organized and easy to understand.

The DOC provided the auditor with the policy and procedure, the organizational chart showing the PREA Coordinator position in the Operations Division, and a work description and performance plan for Regional Analyst and a list of the PREA Compliance Managers in each facility.

Ms. Elisabeth Thornton is the PREA Coordinator. She was appointed to this position on November 1, 2011. She is assisted by three Regional PREA Analysts. All three regional PREA analysts are very knowledgeable about the PREA standards and certification process and are actively involved in the full implementation of PREA. They also conduct PREA related training and facilitate meetings to keep facility PREA compliance managers current on any changes and best practices. Ms. Durbin is the Regional PREA Analyst for the Baskerville Correctional Center.

Sergeant Wayne Hatcher is the PREA Compliance Manager for the Baskerville Correctional Center. Sgt. Hatcher is also the Institutional Investigator. He states he has time to manage his PREA duties and his investigative responsibilities.

## **§115.12 - Contracting with other entities for the confinement of inmates**

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

Virginia Department of Corrections has one contracted facility, the Lawrenceville Correctional Center operated by the GEO Group Inc. In March 2013 its contract was amended to include the entity's obligation to adapt and comply with PREA standards and the Virginia Department of Corrections responsibility to monitor GEO's compliance with PREA and any standards promulgated in furtherance of PREA. The Virginia Department of Corrections Operating Procedure 038.3 established the requirements in policy. The auditor interviewed Lawanda Long, **Regional PREA Analyst** by phone following a previous audit. Ms. Long stated that she

visits the Lawrenceville Correctional Center quarterly and monitors that facility's compliance with PREA by interviewing staff and offenders and checking records.

## **§115.13 – Supervision and Monitoring**

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

DOC Procedures 401.1, 401.2, and 401.3 satisfy the conditions of this standard.

The Baskerville Correctional Center (BACC) staffing plan takes into consideration all the requirements for a staffing plan that are mentioned in the standard and (i.e., post audit) documents that the facility currently has 154.5 FTEs. Three (3) correctional officer positions are open for budgetary purposes. All posts are staffed in accordance with the approved Post Audit of August 6, 2013. The vacancy rate for FY 2014 was 6.5%.

The Warden has reviewed the deviations from the Post Audit and found the following six reasons are the most common causes of deviations from the staffing plan:

- Call-ins
- Staff attending mandatory training
- Staff on short-term disability
- Time adjustments for staff attending mandatory training on days off
- Positions held for budgetary reasons
- Staff scheduled off or accumulated leave time.

DOC Procedure 401.2 requires that before January 31<sup>st</sup> of each year, the Warden will review of the staffing audit/plan and forward his comments and observations to the Regional Operations Chief. The Regional Operations Chief will forward the Warden's review to the Regional PREA Analyst for review and comment.

DOC Procedure 401.1 and 401.3 require that Lieutenants and above conduct unannounced rounds throughout the month. This includes the Administrative Duty Officers who will make unannounced rounds on both 12-hour shifts. The auditor confirmed through interviews with administrative and supervisory staff that unannounced rounds are conducted throughout the month. Written documentation of the unannounced rounds was seen in log books in various housing units. The policy also prohibits staff from alerting other staff that unannounced rounds are being conducted.

There are 32 cameras located in all offender housing areas. Additional cameras will be provided in the coming fiscal year.

## **§115.14 – Youthful Inmates**

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

There are no youthful offenders in this facility. Operating Procedure 038.3 and 425.4 covers the standard of separating youthful inmates. All youthful inmates are housed at Sussex 1 State Prison.

## **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

BACC does not conduct cross gender strip searches. Body cavity searches are only done by medically trained professionals per Operating Procedure 445.1. Since there are no female offenders at this facility, the issue of male staff conducting searches of female offenders is not applicable.

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks. Three of the ten offenders interviewed said that they believed they could be seen by female officers when they were in the shower if the staff stand in a specific location. Seven offenders said that was not the case and that the offenders are never nude in full view of female correctional officers. Staff confirmed that female correctional officers do not observe offenders naked, in the shower or when using toilet facilities. It must be noted that the DOC has made excellent renovations to the shower and toilet areas to ensure offender privacy while still maintaining security and lines of site. Additional improvements are being made.

Staff and offenders interviewed confirmed female staff are announced when entering housing areas. The auditor observed female staff announce their presence when they entered the housing units. Operating Procedures 401.1, 401.2 and 401.3 address these areas.

Operating Procedure 445.1 was amended on August 21, 2014 by the Chief of Corrections Operations. The Memorandum that amends the procedure states that female correctional officers will conduct all frisk searches of transgender and intersex offenders unless exigent circumstances are present and documentable. The procedure also states that transgender and intersex offenders may express, in writing, a preference regarding the sex of the

correctional staff conducting strip searches. The request would be made to the facility Treatment Team. One transgender inmate was assigned to BACC during the audit.

## **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

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

Operating Procedure 038.3 states, "The DOC shall 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 offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The procedure also states that the institutions will accommodate offenders who may have hearing or visual disabilities.

The DOC has a contract with Vernacular Language Services which can provide interpreters in several languages via the phone. The DOC Central Regional Office also has a staff member who speaks Spanish and is readily available.

Virginia Correctional Enterprises has also published the DOC PREA Handbook in braille.

The DOC also has a contract with Purple Language Services to provide American Sign Language services for hearing impaired offenders.

The DOC brochure, "Sexual Assault Awareness and Prevention" and the PREA posters that are displayed throughout the facility are in both English and Spanish.

## **§115.17 – Hiring and Promotion Decisions**

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

DOC Operating Procedures 040.1, 057.1, 101.1, 101.8, 170.1, and 260.1 address all the requirements of this standard.

The auditor reviewed several background checks of new employees, and the confirmed that the five-year background checks were completed, as required. Documentation in the personnel files also confirmed that backgrounds are being done at the time of promotions.

Employees are also required to respond in interviews or written self-evaluations to the questions addressed in 115.17 (a) (1), (2), and (3). Operating Procedures also state that employees have an affirmative duty to disclose any such conduct.

Background checks are also conducted on all contractors and volunteers who have contact with offenders.

The DOC will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee to an institutional employer for whom the employee has applied to work provided the request is in writing. A release is not required from the employee.

## **§115.18 – Upgrades to Facilities and Technology**

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

As previously stated, there are 32 cameras currently in the facility and 32 more are being added under a \$59,000 grant from the Virginia Office of Criminal Justice Programs. The additional cameras are being added to enhance the facility's ability to protect inmates from sexual abuse.

The facility made modifications to the shower and toilet areas in the housing units in October and November of 2014 to provide more privacy for offenders who are showering or using the toilet facilities. The auditor was told that additional modifications are being made in some additional areas where indicated.

The majority of the offenders the auditor interviewed in random interviews reported that the modifications had improved their privacy.

## **§115.21 – Evidence Protocol and Forensic Medical Examinations**

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

DOC Operating Procedures 030.4, 038.3, 445.2, 720.7 and 730.2 address all the requirements of this standard. Investigations of sexual assault are conducted by the facility and the Special Investigations Unit. The protocol the DOC uses is adapted from the current edition of the DOJ publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescence."

The facility has a list of all the hospitals where a victim of sexual assault can be taken for a forensic exam by a Sexual Assault Nurse Examiner or a Sexual Assault Forensic Examiner. Exams will be provided without cost to the offender.

The DOC provided the auditor with the current MOU between the DOC and Action Alliance.

Action Alliance provides victim advocacy and support services to victims of sexual assault, including offenders incarcerated in DOC facilities. In addition, the facility has a list of trained volunteers who would be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and could provide emotional support, crisis intervention, information, and referrals, if needed.

## **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

DOC Operating Procedure 030.4 ensures that an administrative or criminal investigation will be conducted for all allegations of sexual abuse or sexual harassment. BACC has a PREA trained investigator on staff. The facility investigator conducts all administrative investigations and the preliminary investigations of sexual assaults. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit which has the legal authority to conduct criminal investigations. The PREA Investigators in the SIU have all received the PREA Investigator Training.

DOC Operating Procedure 038.3 that addresses the investigation of sexual assault and sexual harassment allegation is published on the DOC Web site.

## **§115.31 – Employee Training**

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

DOC Operating Procedures 160.1 and 350.2 address employee training related to PREA. Employees have an annual in-service training in which two-hours is devoted to PREA information. Training is now available online.

The Auditor reviewed the documentation in three training records which acknowledged that employees received the required training and understand it.

Random interviews with correctional officers provided further evidence that all the officers had received the training and understand it.

The auditor also reviewed the PREA training curriculum and found it to be very comprehensive and professional.

## §115.32– Volunteer and Contractor Training

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

The auditor interviewed a volunteer and a contractor and both confirmed that they had received PREA training, which included the DOC PowerPoint for Volunteers and Contractors. They were also given the DOC brochure "A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections." The auditors also reviewed the written documentation that the contractors and volunteers sign that acknowledges that they have been given the training and understand the DOC Zero Tolerance Policy, and know how to report an allegation.

DOC Operating Procedures 027.1, 038.3, 130.1, 160.1 and 350.2 address contractors and volunteers training and responsibilities as they relate to PREA.

## §115.33 – Inmate Education

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

One offender of the ten that were randomly interviewed said he was not trained on PREA, but that he has learned about PREA because of the signage that is posted throughout the facility. This offender came to this facility in 2010. All the other nine offenders interviewed said they have received the PREA training and that it usually took place the first day they arrived and that it was done as part of their orientation.

The *Sexual Assault Awareness and Prevention* brochure is provided to every offender when they are admitted to the institution. Within 10 days of arrival, the offender receives the *Preventing Sexual Abuse and Sexual Assault Training* including use of the video *Speaking Up: Discussing Prison Sexual Assault*.

Offender education includes the following topics:

- Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders
- Prevention
- Self-protection
- Reporting sexual abuse/assault
- Treatment and counseling
- Offender telephone sexual abuse Hotline Number #55

The offender documents receiving the *Sexual Assault Awareness and Prevention* brochure and the *Preventing Sexual Abuse and Sexual Assault Training* by signing the *Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training* form which is

then placed in the offender's institutional record. The auditor reviewed three completed Acknowledgement forms.

Sexual Assault/Abuse or Sexually Aggressive Behavior is also covered in the Offender Handbook and includes the reporting number #55.

The auditor also observed a box (take-a-away box) that held Sexual Assault Awareness and Prevention brochure in the library.

DOC Operating Procedures 038.3 and 810.2 address the requirements of this standard.

### **§115.34 – Specialized Training: Investigations**

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

Sergeant Hatcher received the PREA Investigator Training at the Virginia State Police Academy, February 11- 13, 2013 (17.5 hours).

The auditor reviewed the agenda for the three days of training and two examples of the training curriculum. The training was very comprehensive.

DOC Operating Procedures 030.4 and 350.2 address Investigator Training.

### **§115.35 – Specialized training: Medical and mental health care**

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

The registered nurse and the qualified mental health professional stated they have received the specialized training for medical and mental health care professionals. A training roster confirmed the nurse had received the training. The QMHP received her training from an outside vendor.

Two training curriculums were reviewed by the auditor, including a very comprehensive PowerPoint presentation that was presented by the Director of Forensic Nursing Services at Bon Secours Hospital in Richmond.

DOC Operating Procedures 160.1, 350.2, 701.1 and 720.7 address specialized training for medical and mental health care professionals.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

DOC Operating Procedures 730.2, 810.1, 810.2 and 861.1 describe the actions that must be taken to evaluate new offenders arriving at the facility, including screening for risk of victimization, and the 30-day review. The auditor reviewed 30 day reviews on the department's CORIS system. These reviews include all the information required under 115.41(d) (1)-(9) and the statement for the staff member conducting the classification assessment to answer, "Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming." The screening also considers all prior sex offenses.

The auditor reviewed 5 offender files he selected randomly and found documentation that the PREA training had been conducted within 48 hours of admission, that the initial assessment and 30-day reviews had been conducted, as required. One file was missing a 30 day review.

At the time of the audit, however, the staff member who does the screening for risk of victimization, at the point of admission, to the facility was not making the subjective judgement as to "Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming."

On April 30, 2015, the PREA Coordinator sent a memo to all wardens and superintendents that stated the person conducting the classification and assessment at the point of admission should also make a statement as to whether or not the person is perceived to be gender nonconforming. The PREA Analyst for the Baskerville Correctional Center provided documentation from four offender files that this practice is now being done. The facility now meets all the requirements of this standard.

The auditor was told of one offender who was caught wearing make-up and brought to the Shift Commander and Counselor. The incident resulted in an immediate review of his risk of victimization. The offender told the counselor he identifies as transgender which had not been disclosed in the initial assessments at BACC. The offender was placed on an automatic 6-month review that will include a face to face meeting with the counselor and qualified mental health professional. The auditor interviewed the offender and reviewed the case record. The offender explained the situation and said he felt safe in this facility and has not had any problems with staff or other offenders. He said he takes showers on the same schedule as all other offenders and is in the general population.

## **§115.42 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Information that is gathered during the Classification and Assessment process is used to determine housing, bed, education, program, and work assignments with the goal of protecting offenders who are at high risk of sexual victimization from being sexually assaulted or harassed. Housing and program assignments are done on a case-by-case basis. The auditor reviewed 5 inmates' files and documentation confirmed the facility meets the requirements of the standard.

The DOC's Gender Dysphoria Disorder Committee and the local facility treatment determine facility assignments for transgender and intersex offenders.

DOC Operating Procedures 038.3, 425.4, 730.2, 810.1, 810.2, 830.5 and 841.2 address all the specifics of this standard.

### **§115.43 – Protective Custody**

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

Agency policy states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. DOC Operating Procedures identify programs and services available to these offenders.

Only River North Correctional Center houses Protective Custody offenders. No offenders in this facility were placed in voluntary segregation in 2014 or in 2015 as of the time of the audit.

DOC Operating Procedures 425.4, 810.1, 810.2, and 830.5 address the requirements of this standard.

### **§115.51 – Inmate Reporting**

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

The DOC provides several ways of reporting sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment or staff neglect of duties that could have contributed to sexual abuse or sexual harassment incidents. Offenders can report by calling the Sexual Assault Hotline number, #55 on the phone, they can tell a trusted staff member (i.e., chaplain, psychologist, nurse, security staff, or administrator), they can file a grievance, or they can make a written *Offender Request*. The DOC also can accept Third Party referrals.

The Third Party reporting form is on the DOC Web site and is available in English and Spanish. Offenders also know they can ask their family to report a sexual abuse or sexual harassment.

Offenders who choose to call the Sexual Assault Hotline, or who chose to write the victim advocacy agency can remain anonymous, upon request.

Random interviews with staff confirmed that the correctional officers and other non-security staff know that if they receive a report of a sexual abuse or sexual harassment in writing or verbally, they are to report it immediately and document all reports, including verbal reports.

Staff know they can privately report a sexual abuse or harassment by calling the Sexual Assault Hotline for staff (855-602-7001) or by calling the Special Investigation Unit.

DOC Operating Procedures 038.1, 038.3, 801.6, 803.3, and 866.1 meet all the requirements of this standard

### **§115.52 – Exhaustion of Administrative Remedies**

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

DOC Operating Procedures 038.3, 861.1 and 866.1 address the requirements of this standard. Operating Procedure 866.1 is about the grievance procedure and included information on filing Emergency Grievances that allege sexual abuse and sexual harassment. Emergency Grievances must be forwarded to Shift Commander or the Administrator on Duty. Emergency Grievances must be resolved within 8 hours, if possible.

The Offender Handbook also describes the ways offenders can report a sexual assault.

The Warden reported there were no grievances reporting sexual assault filed in 2014 and none in 2015 as of the time of the audit.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

The DOC has a Memorandum of Agreement with Virginia Sexual and Domestic Violence Action Alliance. Action Alliance is used for confidential reporting and outside confidential support services. Phone numbers and mailing addresses are provided to the offender population on the *Sexual Assault Awareness and Prevention* brochure they receive upon arrival to the facility. Random offender interviews indicated some offenders did not know these outside support services were available. The auditor showed the offenders where the

information is available in the brochure and also reminded them that the information was available by calling #55, the Sexual Assault Hotline. During the audit, the auditor called #55. The message directed the caller to enter one number to report a sexual assault and another number for emotional support. The phone system worked without any difficulty. Offenders are informed as to the extent their communications will be monitored.

DOC Operating Procedure 038.3 addresses offender access to outside, confidential, support, services.

### **§115.54 – Third-Party Reporting**

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

The Virginia Department of Corrections Web site provides point of contacts and how to do a third party report. Third party reporting forms are in English and Spanish. BACC had not received any third party reports as of the time of the audit. Interviews with staff and offenders confirm that staff and offenders are aware that third party options are available.

In addition to reporting via the Web site, under the "Contact Us" tab on the DOC Web site, persons can find the Director's email address, the email to report a PREA Grievance, the Sexual Assault Hotline number, and a fourth number for other PREA related questions.

DOC Operating Procedure 038.3 addresses third-party reporting.

### **§115.61 – Staff and Agency Reporting Duties**

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

DOC Operating Procedures 030.4, 038.1, 038.3, 720.2, 720.7, 730.2, and 801.6 all address various requirements for staff reporting and the DOC's responsibility to report specific cases to the Virginia Department of Social Services.

Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Every staff interviewed understood and spoke specifically about this procedure. Offender interviews supported the fact that offenders are also aware of the reporting and confidentiality requirements of sexual abuse and harassment cases. Correctional Officers also know they can make referrals privately by calling the PREA Hotline.

## **§115.62 – Agency Protection Duties**

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

DOC Operating Procedures 038.3, 425.4, and 730.2 all require that when an offender is at imminent risk of sexual abuse the staff will inform the qualified mental health professional who will determine the level of risk and consult with the Warden, Administrator on Duty, or the Shift Commander as to housing changes or other actions to protect the offender. All the correctional officers interviewed said they would immediately move the offender from the area of risk to a protected environment. The Warden stated there have been no reports of inmates being in imminent danger of sexual abuse at BACC

## **§115.63 – Reporting to Other Confinement Facilities**

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

DOC Operating Procedure 038.3 meets the requirements of the standard. BACC has not had any sexual abuse allegations made concerning other facilities in 2014 or in 2015. The Warden said he knows his responsibility to report to the other facility head if he is made aware of an abuse that occurred at another facility.

## **§115.64 – Staff First Responder Duties**

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

DOC Operating Procedures 030.3, 038.3, and 075.1 follow the exact requirements of the standard. Correctional officers and non-security staff that were interviewed by the auditor all described their responsibilities if they were a first responder. The DOC also has a Sexual Assault Checklist that first responders can use to ensure that he/she does not miss any step in the process. All staff interviewed by the auditor reported that they have received training on what to do if they are a first responder.

## **§115.65 – Coordinated Response**

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

DOC Operating Procedures 038.3 and 075.1 direct that each facility shall have a coordinated response plan and the suggested steps to include in the plan. The auditor reviewed the BACC Prison Rape Elimination Act (PREA) Plan that was signed by the Warden and PREA Compliance Manager on March 15, 2015. The plan is comprehensive, specific, easily understood, and clearly articulates the responsibilities of the various departments within the facility (i.e., administration, security, medical, mental health, and investigations). It meets the requirements of the standard. Interviews with staff confirmed they were knowledgeable about the PREA Plan and the coordinated duties and collaborative responsibilities of the various departments. Staff also reported that the plan has been discussed in training.

## **§115.66 – Preservation of ability to protect inmates from contact with abusers**

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

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

## **§115.67 – Agency protection against retaliation**

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

DOC Operating Procedures 038.3, 075.5, and 130.1 describe the DOC's and the BACC's responses to retaliation against staff or offenders who report an allegation of sexual abuse or sexual harassment. The PREA Compliance Manager has been designated as the person who is primarily responsible for monitoring for retaliation at BACC. The PREA Compliance Manager said he has multiple ways of responding to retaliation that include changing the victim's housing or the housing assignment of the person who reported the incident. He said there are also multiple choices the facility can use for staff, including changing assignments or posts. He added that if an assault happened, the abuser would very likely be moved to

another facility. The Compliance Manager said he will monitor for retaliation up to 90 days, or longer if required, ensuring no retaliation takes place that involves the offender or the staff member who reported an allegation. The Operating Procedures also state that the Crisis Response Team (CRT) can be called up to help any staff member who fears any kind of retaliation. The auditor also discussed retaliation in the interview with the Warden. He would also monitor for retaliation if an incident happened. Interviews with the Warden and Major confirmed their expertise in this area.

### **§115.68 – Post-Allegation Protective Custody**

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

DOC Operating Procedures 425.4 and 830.5 meets the requirements of the standard. A victim of a sexual assault would not be placed in segregated housing without his consent unless it was an extreme situation and was the only recourse for protecting the offender, at the time. The procedures require that the qualified mental health professional meet with the offender and consult with the shift commander as to available choices for safely housing the victim. No offenders from BACC have been sexually abused or assaulted and therefore protective custody has never been used. This was confirmed in a written memo from the Warden.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

Three PREA complaints were made by offenders in the past 12 months. The auditor reviewed each allegation with the Investigator.

One allegation claimed the offender was stripped searched when he came out of his segregation cell and this constituted sexual harassment. The investigator did a complete investigation and found the correctional officer was following DOC Operating Procedures. The allegation was determined to be unfounded. The offender was informed of the outcome of this investigation.

A second allegation claimed female staff were watching offenders shower and use the toilet. There have been upgrades to the toilet and shower areas to improve the privacy. There was no evidence female staff were watching offenders shower or use the toilet beyond their normal supervision rounds. The investigator met with the offender and reported the allegation to the Regional PREA Analyst. The Regional PREA Analyst wrote a letter to the offender and explained the improvements that were underway and that his concerns were being addressed through these renovations. This allegation was determined to be

unsubstantiated. The offender who made the complaint was informed of the outcome of this investigation. The auditor interviewed this offender and he confirmed that the matter was investigated and that he had received a letter from the Regional PREA Analyst and was told of the final disposition of this allegation.

The third allegation came as an anonymous call to the Sexual Assault Hotline. It was similar to the second allegation mentioned above. The investigator reviewed several videos and found no evidence that female staff were watching offenders shower or use the toilet. The investigator also talked to several offenders who said female staff do not watch them in the shower or while using the toilet, beyond what normal supervision practices require. This allegation was determined to be unfounded.

The auditor found that all three investigations were initiated as soon as the complaint was made known, were professionally done, and the reports were well written. All the investigations were completed in less than a week.

There were no allegations of sexual abuse and therefore no cases were referred to the Commonwealth's Attorney.

DOC Operating Procedures 030.4 and 038.3 address the investigations.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

DOC Operating Procedures 130.1, 135.1 and 861.1 all state, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

### **§115.73 – Reporting to Inmate**

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

DOC Operating Procedures 030.4 and OP 038.3 require notification to offenders of the status of investigations regarding their allegations. The auditor reviewed three investigation files and found the documentation that the offenders had been notified per the requirements of this standard. An interview with one offender who made a complaint confirmed he had been informed in writing of the disposition of the investigation.

## **§115.76 – Disciplinary sanctions for staff**

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

The DOC's Operating Procedures 130.1 and 135.1 meet the standard. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Warden reported that no staff at BACC have been subject to discipline for sexual abuse or sexual harassment policies.

## **§115.77 – Corrective action for contractors and volunteers**

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

DOC Operating Procedures 027.1 and 130.1 meet the requirements of the standard. The PREA Coordinator is designated as the person responsible for notifying law enforcement and any relevant licensing body as applicable.

The BACC Warden reported that there have been no allegations of sexual abuse by contractors or volunteers.

## **§115.78 – Disciplinary sanctions for inmates**

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

Operating procedures 038.3, 820.2, 830.3, and 861.1, confirm compliance with all parts of this standard. Offenders cannot be disciplined for making an allegation of sexual abuse or sexual harassment, unless it is determined that the allegation was made in bad faith. An offender's mental disability or mental illness will be taken into consideration when sanctions are determined. DOC Operating Procedures state that if an offender who is a sexual abuser refuses to participate in treatment or programming that addresses his sexually aggressive behaviors, he can be restricted from other programming and benefits. Offenders will be subjected to the disciplinary process for sexual contact with an employee when it is shown the staff member did not consent to such contact.

The Warden reported that there have been no reports of inmate-on-inmate sexual abuse at this facility.

## **§115.81 – Medical and mental health screenings; history of sexual abuse**

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

Operating Procedures 425.4, 701.3 and 730.2 address all the requirement of this standard. A review of five offender case files confirmed that medical and mental health screenings are done as part of the orientation process. The auditor interviewed the nurse and the qualified mental health professional and both stated they do obtain informed consent from offenders before reporting about prior sexual victimization that did not occur within an institutional setting. They also inform the offenders that they are mandatory reporters. If the screening indicates that an offender was a sexual abuse victim, the medical and mental health staff will ensure the offender is offered a follow-up meeting with a medical or mental health professional within 14 days. The same is true for sexual abusers.

The nurse and mental health professional both stated that information is confidential and shared only with other staff on a "need-to-know" basis.

The Warden reported that no offenders have been identified who perpetrated a sexual abuse in the BACC or in the community during the past 12 months.

## **§115.82 – Access to emergency medical and mental health services**

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

DOC Operating Procedures 038.3, 075.1, 720.7, and 730.2 address access to emergency medical and mental health services and identify responsibilities of security staff to protect the victim of a sexual assault if medical or mental health staff are not on-site. In the interview with the nurse, she stated that a victim of a sexual assault would be taken to the VCU Health Systems Hospital in Richmond where a forensic exam would be conducted. There is also a corrections unit at the hospital if the offender required more care. She also stated that offenders would be offered information and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to victims of sexual abuse at no cost to the offender regardless of whether the victim names the abuser or cooperates in the investigation.

The Warden reported there have been no cases of sexual abuse in the previous 12 months.

## **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

DOC Operating Procedures 720.7 and 730.2 address ongoing medical and mental health care for sexual abuse victims and abusers. This care includes a medical and mental health evaluation of the victim, the need for continuing medical or mental health treatment, and referral to victim advocacy services as needed, upon release or transfer to another facility. These services would be initiated without undue delay.

A memo from the Warden confirmed there have been no sexual assaults at BACC and therefore ongoing medical services and mental health care were not needed or utilized.

Paragraph (e) of 115.83 is Not Applicable since this is an all-male facility.

## **§115.86 – Sexual abuse incident reviews**

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

BACC has a Sexual Abuse Incident Review Team, although the team has not formally met because there have been no incidents of sexual assault reported. The team is comprised of the executive staff at the facility, including the Warden, the Assistant Warden, the Major, the Unit Manager, the Head Nurse, a mental health professional and the PREA Compliance Manager. In the interview with a team member, the auditor was told that the team would consider each of the elements in the standard and determine if any of these elements contributed to the sexual assault incident. The Warden also confirmed that the team is aware of what is required in the standard.

DOC Operating Procedures 038.1 and 038.3 address the specific requirements of this standard.

## **§115.87 – Data Collection**

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

The DOC collects accurate and uniform data for every allegation of sexual abuse at facilities under its control and has used a standardized instrument since 2008. The system is continuously improving. The system also allows the agency to submit the annual DOJ Survey

of Sexual Violence in a timely fashion. The data is also used by the agency to monitor trends and take corrective action as quickly as possible.

The DOC has a full-time staff member who monitors all allegations of sexual abuse and sexual harassment and manages all the data collection and reporting requirements.

DOC Operating Procedure 038.3 addresses the data collection requirements in this standard.

### **§115.88 – Data Review for Corrective Action**

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

DOC Operating Procedure 038.3 requires that the DOC reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VA DOC website.

### **§§115.89 – Data Storage, □ Publication, and Destruction □**

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

DOC Operating Procedures 025.3 and 038.3 ensure that data is properly stored, maintained and secured. Access to data is tightly controlled. The DOC Procedures require that data be retained for at least 10 years.

#### **AUDITOR CERTIFICATION:**

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



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Auditor Signature

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July 4, 2015

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Date