

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



<b>Name of facility:</b>	Chesterfield Women's Detention and Diversion Center		
<b>Physical address:</b>	7000 Courthouse Road, Chesterfield, Virginia 23832		
<b>Date report submitted:</b>	December 31, 2014		
<b>Auditor Information</b>	Charles J. Kehoe		
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<b>Date of facility visit:</b>	December 2 – 3, 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	(804) 796-4242		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Community Confinement Facility	
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<b>Name of agency:</b>	Virginia Department of Corrections		
<b>Governing authority or parent agency: (if applicable)</b>			

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# AUDIT FINDINGS

## **NARRATIVE:**

The PREA Audit of the Chesterfield Women's Detention and Diversion Center was conducted from December 2 to 3, 2014. The Designated Auditor was Charles J. Kehoe.

The auditor wishes to extend his deepest appreciation to Superintendent Rita P. Peters and her staff for the professionalism, hospitality, and kindness that was shown to the auditor during the entire audit.

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

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

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

During the audit, the designated auditor conducted a telephoned phone interview with a representative of the victim advocacy agency that provides emotional support services for offenders in the Department of Corrections who have been sexually abused.

An Entrance Meeting was held at 8:15 a.m. on December 2, 2014. Superintendent Rita P. Peters, Major Jeffery Dyer, Assistant Superintendent, Lt. Carmen Green, PREA Manager, DOC Rose Durbin, Regional PREA Analyst, Donna Secrist, RN, Health Administrator, Shen-Fen Lee, Psychology Associate Senior, and Lt. Patricia Boone, Watch Commander were in attendance. The auditor thanked everyone for their commitment to PREA and for scheduling this PREA audit. The auditor also thanked Rose Durbin for the flash drive with the documentation which had been set to the auditor a few weeks prior to the audit. The auditor reviewed the audit schedule and gave the Superintendent the list of random staff and offenders he identified that he would interview. The Superintendent then gave an overview of the Chesterfield Women's Detention and Diversion Center (CWDDC) as an introduction into the tour.

Following the Entrance Meeting the tour of the facility began at 8:56 a.m. The auditor was given a very thorough tour of the CWDDC by the Superintendent, the PREA Manager and the PREA Regional Analyst. The Notice of the Audit was posted in locations throughout the facility.

Following the tour, the auditor began the interviews and reviews of personnel files, training records, residents' files, and other documents. There have been no allegations of sexual abuse or harassment and therefore no investigations to review.

Ten (10) residents were interviewed. Those interviewed were randomly selected, by the auditor, from a list of all the residents by their housing assignment and program at the CWDDC. There were no residents who were disabled or who had limited English speaking skills. No residents were identified as being transgender, intersex, lesbian or bisexual. No residents had reported a sexual abuse.

Ten correctional officers were interviewed who were randomly selected by the auditor from both shifts. (Correctional officers work 12-hour shifts.) Thirteen (13) interviews were conducted with employees

identified as specialized staff or staff working in specialized areas. Since the women residents at this facility cannot be contracted out to another public or private facility, the DOC's contract administrator was not interviewed. The specialized group included the Superintendent, the PREA Manager, the PREA Investigator, medical and mental health staff (2), the surveillance officer who does intake and screening, human resources staff (2), a volunteer, a contractor, staff who perform screenings at intake, staff who monitor for retaliation, and an incident review team member. It should be noted that since the CWDDC is a relatively small facility, several of the staff have multiple responsibilities. Thus, some individuals were interviewed more than once if their duties covered more than one specialized area. In total, the auditor conducted 33 interviews.

During the tour a few blind spots were identified behind some beds in the dorms and behind the dryers in the laundry room. The auditor was informed how these are being addressed with supervision and regular checks. Given that this facility is a level I facility, the supervision of the residents appears more than adequate.

The auditor was impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first response, and evidence collection. Regular PREA reminders are provided during the shift briefings which keep the importance of PREA in front of all the staff. The self-confidence of the entire staff was very obvious and staff credited the Superintendent for her leadership in creating a positive culture and environment for residents and employees.

The auditor selected and carefully examined three (3) personnel files of correctional officers he randomly selected. The personnel files were very organized and contained all the necessary background check information and written documentation that the correctional officers received the required training and understood it. Annual reviews confirmed that employees were asked the PREA related questions. Two offender files were also randomly selected and had the necessary documentation regarding their PREA training and understanding of the zero tolerance policy.

Health care services are provided to the residents by the Health Administrator and a nurse. During interviews, the residents acknowledged that health care professionals are available. There are no residents in this facility with mental health issues. The Psychology Associate Senior does monitor residents for behavior changes which could indicate the onset of mental health issues.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the facility a final finding, as there were a few issues needing additional information, the auditor did give an overview of the audit and thanked the Superintendent and her staff for their hard work and commitment to the Prison Rape Elimination Act. The auditor was very impressed with the positive climate of this facility. The programs that are offered to the residents are very comprehensive in scope and focused on the residents successful reintegration into the community. The staff spoke very favorably of the facility, the residents, and the teamwork which is part of the culture of the facility. All the residents interviewed said this was the best facility they have ever been in and that they were grateful to be here and not in a jail or prison. All the residents said there is no sexual abuse or harassment in the Center because they know it is not tolerated and because most of the residents here will be released soon and will not do anything to prevent their scheduled release. Because a large number of the residents in the Diversion Program actually work in the community during the day, the residents were also aware of the importance of their conduct away from the facility. The volunteer who was interviewed spoke very favorably of the volunteer program and the important role the volunteers play in this program. In closing the exit meeting, the auditor said that in his entire fifty year career in corrections, this has to be one of the finest facilities he has ever audited or toured.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

### **The Historical Perspective and Program Overview**

The Chesterfield Women's Detention and Diversion Center is located just outside of Richmond, Virginia in Chesterfield County at 7000 Courthouse Road, Chesterfield, Virginia. The facility was originally opened in 1971 as a Pre-Release Center for adult male offenders under the administration of the Department of Corrections, Community Corrections Division. The Pre-Release program was designed for offenders who had served long terms of incarceration in secure facilities. The purpose of the Pre-Release program was to provide a way for offenders to gradually and successfully transition back into the community.

In 1989 the Department re-examined its approach to the general supervision of "A" Custody inmates. As a result of this examination the Department adjusted its approach to supervision of minimum custody inmates and transitioned the Pre-Release Program to a "Work Release Program". The Department also formally published Departmental Guideline 826, "Work Release", and made the facility more physically secure by adding the existing security screens on the windows, bar grill doors, perimeter fencing, razor wire and other security enhancements in evidence today. Additionally, the facility was brought under the administration of the "Division of Adult Services" (Institutions), and was known as the Chesterfield Community Correctional Unit. The facility operated as a Men's Work Release program from 1989 until 1997.

In July of 1997 the Work Release program was transferred to the local jails and this facility was once again brought under the administration of Community Corrections as the Chesterfield Men's Diversion Center. The Men's Diversion center successfully operated from 1997 to 2001. At that time a pressing need for beds for female offenders resulted in a mission change in June of 2001 and the Chesterfield Women's Diversion Center was established as an adult female Diversion Center Incarceration Program in accordance with the Code of Virginia 19.2-316.3 with a 104 bed capacity.

In May of 2002, as a result of statewide budgetary concerns, the Women's Detention Program was closed in Tidewater and the Detention Program component was relocated to the Chesterfield Women's Diversion Center which then became the Chesterfield Women's Detention and Diversion Center. This was the first facility in Virginia to operate dual programs under one roof. Today the CWDDC can house up to 160 adult female residents. Of this total, 110 can be in the Diversion Program and 50 can be in the Detention Program. Each program is designed to run for a period of twenty-four (24) weeks.

On December 2, 2014, there were 39 residents in the detention program and 66 residents in the Diversion Program for a total 103 residents in the facility. The age range of residents is from 18 to 60, with the average resident being in her late 20s. Many of the residents in this program are committed by the courts in Southwest Virginia because services there are more difficult to find.

There are 56 staff at the facility including 34 correctional officers, 4 wage employees (part-time staff), and 2 residents who work in the food service area and are considered wage employees. It is interesting to note that all the correctional officers are female. In fact, only four men work

in the facility (the Assistant Superintendent, two men in the Maintenance Department, and one probation officer).

Because the CWDDC is a special program for non-violent probationers assigned to it by the courts, as a condition of probation, four probation officers are assigned to this facility and work under the authority of the Superintendent.

The Diversion Program is a highly structured residential program that includes work experience, academic programs, counseling treatment services, and other programs. Residents are expected to maintain employment, pay restitution, court costs and fines, and pay the state for their room and board and transportation costs. Community service is also part of the program. Residents in this program require more structure and supervision than what is provided in a day reporting center or intensive supervision program.

The Detention Program is also a highly structured program involving a military style regimen and physical labor in organized work projects. Residents receive counseling and remedial education assistance, substance abuse education, testing, and treatment and supervised community service. This program was designed for female offenders who require more security and supervision than is available from other community-based programs.

The physical plant of the facility includes two housing units, the laundry, and a property store warehouse inside the security perimeter. The administrative offices and other warehouse are outside the security perimeter.

The administrative area includes the superintendent's office, probation offices, clerical offices, the control center, a classroom, and a conference room. Beyond the security perimeter in the administrative building is the medical room, the health administrator's and nurse's office, and offices for the watch commander, the administrative sergeant, the surveillance officer, and the psychology associate. The library (which also serves as a multi-purpose room) is also in this area.

Adjacent to the administrative building are dorms "A" and "B" and a day room for that building. Individual showers are in the dorm areas. This building accommodates the residents in the Diversion Program.

The Detention Dorm is the newest building on the property. It was opened in 2012. Located in this building is the Detention Program dorm (with individual showers), a central control room, the assistant superintendent's office, the watch commander's/PREA Manager's office, a probation officer's office, two classrooms, a kitchen and dining area. The laundry and property warehouse are located in a separate building but within the secure perimeter. There were no cameras in the laundry room, but only one resident is allowed in at a time. There was also a large view panel in the exterior door which enhanced supervision of this area.

Residents cannot access the other storage sheds and warehouses without staff supervision.

Telephones were available in both dorms and signs were posted in English and Spanish informing residents how they could report a PREA allegation by calling #55.

There are 34 cameras in this facility. The Assistant Superintendent said a request has been made for eight (8) additional cameras. These cameras can be monitored from the control center and from the assistant superintendent's office.

The overall appearance of the facility was very clean and neat.

The CWDDC was audited in mid-December by the American Correctional Association under the Adult Community Residential Standards and received a score of 100% from the audit team. It is anticipated CWDDC will be ACA Accredited very shortly.

### **Mission Statement**

Chesterfield Women's Detention and Diversion Center provides a residential facility for probationers as sentenced by the courts. This program offers the opportunity for positive behavioral change by ensuring compliance with probation terms and conditions, providing assistance in securing and maintaining employment, providing access to substance abuse testing and treatment, and providing other programs which will assist the probationer in returning to society as a productive citizen.

"Our objective is to provide a suitably structured program alternative for nonviolent female offenders who otherwise would be sentenced to incarceration when the court determines they require more security or supervision than provided by intensive probation supervision. Participants are required to attend a wide range of available educational and treatment programs to address behaviors which led to their criminal convictions. Each participant must secure and maintain a job to pay costs, restitution, support, and save for her release or provide Community Service. Substance abuse screenings are mandatory and performed routinely. Program participants support the staff in the housekeeping and general maintenance of the facility. Our philosophy is to provide these services in a therapeutic environment that focuses on self-discipline and individual accountability."

### **Focus on Evidenced-Based Practices**

In January 2007 the Department of Corrections Division of Community Corrections began efforts to introduce Evidence Based Practices precepts at CWDDC. Evidence Based Practices is an approach to selecting and implementing programs, practices, and principles that are based on empirical evidence in order to produce measurable and sustainable change in offender behavior and recidivism. Simply put, Evidence Based Practices means focusing on "*What Works*" in reducing recidivism.

To meet the goals established by the Department and to provide the best possible opportunity for offenders to make meaningful changes to their behavior and thereby improve their condition, the CWDDC, since January 2007, has:

- Trained facility personnel including; administrative and treatment staff, security supervisors, correctional officers and others in a 40 hour training block, entitled, *Cognitive Community Staff Training: Community Building*.
- In-House training sessions are on-going, comprehensive and address:
  - Evidence Based Practices

- Effective Communication and Motivational Strategies
- Short Term Communications Interventions Training for line staff
- Subject Matter Specialist groups and training
- Learning Team meetings for staff behavioral rehearsal and practice
- Dialogue to improve communication, cooperation, and collaboration among staff
- Revised the Strategic Plan for CWDDC with assistance of staff from the Academy for Staff Development and included participants from all facility disciplines.
- Provided daily offender Cognitive Community meetings for both the Detention and Diversion components since April 1, 2007.
- Targeted treatment programs to address gender specific needs in the areas of trauma and recovery, criminogenic thinking, and substance abuse treatment.
- Offered educational vocational programs that include remedial skill improvement, G.E.D. preparation and testing. The comprehensive “Ready to Work” program has been refined and implemented. Vocational efforts include Career Readiness Certificate and certification in ServSafe, a nationally recognized certificate in food safety.
- Provided mentoring efforts through local faith-based organizations which are on-going.
- Improved access to psychological services through DOC psychologists and other qualified care providers.

### **The CWDDC Cognitive Community**

The Chesterfield Women’s Detention and Diversion Center Cognitive Community Program is a minimum twenty-four week program in the Detention and Diversion programs and is designed to successfully prepare the resident to re-enter society. The Cognitive Community is a prosocial, structured treatment environment that provides a residential, 24-hour-per day, 7-day per week, intensive cognitive treatment utilizing social learning theory and the Cognitive Community treatment modality. Residents’ thinking, behavior, attitudes, values, and emotions are continually monitored, corrected, and/or reinforced as part of the daily regime with the purpose of re-socializing and rehabilitating participants to achieve positive behavior change.

The Cognitive Community is maintained by the offenders with the oversight and guidance of institutional staff, serving as role models. Within the cognitive community, programming such as cognitive restructuring, problem solving, relapse prevention, life skills, parenting, healthy relationships, self-esteem, problem solving, and others are provided. The program environment and content are designed to support the special issues women face in community re-entry. At the core of the cognitive community model is the teaching of cognitive restructuring and cognitive skills. Cognitive training allows the offender to substitute new thinking, thoughts and beliefs, which will result in successful living.

### **Other CWDDC Programs**

In addition to the Cognitive Community, the facility also offers these programs to residents:

- a) COMPAS Risk Needs Assessment - a validated evaluation instrument used in determining offender criminogenic needs and risks for recidivism to facilitate the development of individualized, targeted, case plans.
- b) Substance Abuse Treatment Groups - an evidence-based intensive substance abuse treatment approach that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, and social-support groups delivered over a 16-week period. Residents learn



about issues critical to addiction and relapse, received direction and support from the facilitator to reinforce positive behavior change, and learn specific skills to maintain their commitment to recovery.

- c) Narcotics Anonymous – a drug addiction twelve-step recovery program modeled after Alcoholics Anonymous (AA) which describes itself as an altruistic "fellowship or society of men and women for whom drugs had become a major problem", and it is the second-largest 12-step organization. The only requirement for membership is "a desire to stop using," and members "meet regularly to help each other stay clean," where "clean" is defined as complete abstinence from all mood and mind altering substances (including alcohol and marijuana). Membership in NA is free, and there are no dues or fees. The foundation of the Narcotics Anonymous program is the twelve steps and twelve traditions.
- d) Alcoholics Anonymous - an international mutual aid movement stating that its "primary purpose" is to stay sober and help other alcoholics achieve sobriety. The Twelve Steps and the Twelve Traditions are AA's recommendations for its groups stressing: anonymity, altruism, and inclusion of all who want to stop drinking.
- e) Ready to Work - a program teaches employability skills including job searches, resume writing, retaining employment, removing barriers for employment, and obtaining work credentials that will aid in successful employment. It also teaches financial management skills and provides information on furthering one's education and career. The goal of the Ready to Work program is to increase the participant's future marketability for employment and increase their capacity to manage their income. While participating in the program, residents assess their skills and interests, create resumes, learn how to conduct job searches, complete job applications, learn about networking, practice interviewing, learn about hiring incentives for employers, practice handling rejection, and learn job retention skills. Participants set financial goals, create personal budgets, assess living and transportation expenses, and learn about banking, credit, and debt management.
- f) TABE Assessment and GED Testing - commercially-produced multiple choice tests with answer booklets, color-coded answer sheets, and supporting materials. They are used as evaluation tools in determining a resident educational needs.
- g) Academic Programs - Basic Adult Literacy and GED Preparation and Achievement
- h) Seeking Safety - an evidence-based, present-focused treatment for clients with a history of trauma and substance abuse. This program focuses on coping skills and psycho-education and has five key principles: (1) safety as an overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on counter-transference, self-care, and other issues).
- i) Beyond Trauma Group - an evidence-based manual-driven treatment program that serve women in criminal justice or correctional settings who have trauma histories (i.e., sexual of physical abuse). The sessions are delivered in a non-confrontational and nonhierarchical manner. Facilitators use a strengths-based approach with a focus on personal safety to help clients develop effective coping skills, build healthy relationships that foster growth, and develop a strong, positive interpersonal support network.

Sessions use cognitive behavioral skills training, mindfulness, meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psycho-education, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimizations negatively impact lives. The Beyond Trauma program consists of 11 sessions organized around 3 domains: (1) Violence, Abuse, and Trauma; (2) Impact of Trauma; and (3) Healing From Trauma.

- j) Supervised Community Work Placement – a core component of the Diversion program. In these placements, residents work in the community to learn and practice appropriate work related skills, develop a work record, and earn an income which offsets the cost of some of their incarceration.
- k) Thinking For Change (T4C) - an evidence-based, integrated, cognitive behavior change program for offenders that include cognitive restructuring, social skills development, and development of problem solving skills. T4C is designed for delivery to small groups in 25 sessions and can be expanded on to meet the needs of specific participant groups. The curriculum was developed by Barry Glick, Ph.D., Jack Bush, Ph.D., and Juliana Taymans, Ph.D., in cooperation with the National Institute of Corrections. The T4C program is used in prisons, jails, community corrections, probation, and parole supervision settings.
- l) Parenting Classes - to enhance parent-child relationships and strengthen families. The Parenting class incorporates education and empowerment as participants learn basic parenting techniques, effective communication skills, appropriate anger and stress management skills, alternative methods of discipline, realistic expectations of children, and work towards building their and their child's self-esteem.
- m) ServSafe - a nationally recognized certificate in food and beverage safety. It is accredited by ANSI and the Conference for Food Protection and administered by the National Restaurant Association. Participants learn about foodborne illnesses, food safety management systems, sanitation guidelines for facilities and equipment, purchasing and receiving guidelines, food preparation, holding, and serving guidelines, integrated pest control, and food safety regulations and employee training. This certificate is required by most restaurants as a basic credential for their management staff. Residents who receive the certificate can list it on their resume to increase their marketability and employability.
- n) "MRT" – Moral Reconciliation Therapy - an evidence-based, systematic treatment strategy that seeks to decrease recidivism by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT uses structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning.
- o) Bible Study and Other Religious Activities - a volunteer effort from the community to provide Bible Study and other religious activity at the facility. Currently there are seven different volunteer groups that provide service to the offender population.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	3
Number of standards met:	35
Number of standards not met:	0
Non-applicable:	1

## **Prevention Planning**

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

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

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

Agency policies and procedures are well organized and have been continually revised over the last few years as Virginia Department of Corrections has developed and implemented PREA guidance and procedures.

Ms. Elisabeth Thornton is the PREA Coordinator. She supervises three regional PREA Analysts; Ms. Lawanda Long is the regional PREA Analyst for the Eastern Region and also serves as the PREA audit coordinator. Ms. Rose Durbin is the PREA Analyst for the Central Region, which includes the CWDDC, and Mr. Joseph Parks is the PREA Analyst for the Western Region. All three regional PREA analysts are active in managing the Virginia Department of Corrections PREA program. The analysts conduct training sessions and meetings to keep facility PREA compliance managers up to date on any changes and best PREA practices. Ms. Long, Ms. Durbin and Mr. Parks are very knowledgeable about the PREA Standards and process and are actively involved in the full implementation of PREA. Ms. Long is also a Certified PREA Auditor. Ms. Thornton and the three regional analysts said they have enough time to perform their PREA duties.

Lt. Carmen Green is the Compliance Manager at the CWDDC. Lt. Green also serves as the facility investigator, the Hearing Officer, the Accreditation Manager, Watch Commander, and the person who monitors retaliation.

Lt. Green said she has ample time to do her PREA duties because the facility is small and does not have a lot of PREA issues.

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

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

The DOC policies 038.3, 260.1, and 940.1 meet the requirements of the standard. A contract with the GEO group confirms the DOC has implemented the policies at the Lawrenceville Correctional Center. However, since the CWDDC is program for females who have been committed specifically to this facility as a condition of probation, it is very unlikely the residents in this program could be transferred to other entities.

### **§115.213 – Supervision and monitoring**

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

DOC policy 401.2 states that facilities will meet the requirements of this standard. The Superintendent documented deviations to the approved post audit. The Superintendent also documented the annual review. The facility had identified, in both the January 2012 and January 2013 Post Audits, a need for 41 FTE's in Security Services because of the new housing unit and additional spaces in the annex building which require supervision. This correctional officer FTE shortfall was again identified in 2012 and 2013 in a series of exchanges reviewing facility personnel needs between the Unit Head and the Regional Administrator. To date this issue is still under review. However, the currently established and approved levels are set at 35, inclusive of the Chief of Security. The facility currently operates under these levels.

Given that this is a community confinement facility, the custody level of the residents, and the absence of any PREA allegations, the facility appears to have adequate levels of staffing. The Center's 34 cameras monitor critical areas and provide adequate coverage. The addition of 8 cameras would add to the surveillance of the living and activity areas.

### **§115.215 – Limits to cross-gender viewing and searches**

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

DOC Operating Procedures 350.2, 401.1, 401.2, 445.1, 720.2 and 801.1 incorporate all the requirements of the standard.

The auditor observed announcements being made when male staff and the auditor toured the facility. The auditor observed numerous entries in the log book where announced rounds had been documented. Interviews with residents and correctional officers confirmed that announcements are always made by male staff when they enter the housing areas.

The staff and residents confirmed that cross-gender searches are not conducted. Since all the correctional officers are female, residents' access to regular programming or outside recreational opportunities is not a problem.

During the interviews with correctional officers, some officers described what the auditor knew to be the out-of-date procedure for searching a transgender resident. After the on-site audit, the entire staff at the CWDDC received a refresher training on the proper procedure for searching a transgender resident. The auditor reviewed the training documentation on a follow-up visit to the Center on December 11, 2014.

### **§115.216 – Residents with disabilities and residents who are limited English proficient**

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

The DOC Operating Procedure 038.3 states the residents with disabilities and residents with limited English speaking ability will be provided with equal opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA resident education, announcements, and reporting instructions are in English and Spanish. The DOC also contracts with Purple Language Services, Co. of Richmond for language interpretation services. Interviews with correctional officers confirmed that resident interpreters would not be used in reporting an allegation of sexual abuse or sexual harassment except in an extreme emergency.

### **§115.217 – Hiring and promotion decisions**

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

The CWDDC conducts background checks on all employees annually. The auditor reviewed two personnel files and confirmed that background checks were documented in the files. In addition, annual evaluations also included documentation that the employee were asked questions regarding any allegations of sexual abuse or harassment . The auditor also reviewed the log of the VCIN checks that had been completed. Background checks for volunteers and contractors were also documented and reviewed . DOC Operating Procedures 030.3, 041.1,057.1, 101,1,135.1, 170.1, and 260.1 were reviewed and are consistent with the requirements of the the standard.

### **§115.218 – Upgrades to facilities and technology**

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

There have been no major upgrades at this facility since the Detention Dorm was completed in 2012. Two video cameras have been repaired or replaced, a monitor in central control was replaced, a new view panel was placed in the laundry room door, and the front door was secured with an electronic lock and augmented with an "airphone" video system. DOC Operating Procedure 801.1 meets the requirements of the standard.

## **Responsive Planning**

### **§115.221 – Evidence protocol and forensic medical examinations**

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

DOC Operating Procedures 030.4, 038.3, 445.2, 720.7, and 730.2 meet the requirements of this standard. PREA investigations which may be criminal in nature are investigated by the DOC Special Investigations Unit which has law enforcement authority. Bon Secours St. Mary's Hospital provides SANE/SAFE forensic exams. Forensic exams would be provided at no costs to the offender when requested. No inmate has requested a forensic medical examination during the audit period. The current contract between the DOC and Virginia Sexual and Domestic Violence Action Alliance (Action Alliance) was included in the documentation. Action Alliance provides emotional support to victims of sexual abuse at the Center. In addition, the DOC trains Virginia DOC staff to be victim advocates. DOC volunteer victim advocates are on call and are not employed by the facility the victim is from. The list of on-call advocates was included in the documentation. No victim advocates have been required to date.

### **§115.222 – Policies to ensure referrals of allegations for investigations**

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

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

## **Training and Education**

### **§115.231 – Employee training**

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

DOC Operating Procedures 160.1 and 350.2 state the PREA training requirements for all DOC employees are consistent with the requirements of the standards. During the interviews with correctional officers and other staff, the employees responded to training questions with great detail and spoke highly of the PREA training they received. Refresher training and reminders are often provided at roll call. It was clear the staff understood the importance of the training. The auditor saw written documentation that employees understand the training they receive.

### **§115.232– Volunteer and contractor training**

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

The auditor reviewed the DOC Operating Procedures 038.3, 160.1, 271.1, and 350.2 and found they address the specifics of the standard. The auditor interviewed a volunteer, who has been at the facility for many years, and a contractor who provides a substance abuse program at the CWDDC. Both individuals described the training they received and said they understood the material that was presented to them. Documentation was provided that confirmed volunteers and contractors understood the training that was provided to them. Training rosters were also reviewed by the auditor.

### **§115.233 – Resident education**

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

Interviews with randomly selected residents confirmed that they received the required PREA education, the DOC brochure on PREA and Divertee Program Handbook. The auditor randomly selected two inmates files and found the acknowledgement that the residents received the education. The Center also documented the curriculum, the DOC brochure and the Handbook. During the interviews, the residents spoke highly of the education program they received at the CWDDC.

### **§115.234 – Specialized training: Investigations**

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

Lt. Carmen Green is the PREA Investigator at CWDDC. She confirmed during an interview that she received the required training at the Academy for Staff Development. The facility



provided the auditor with the written transcript that confirmed her attendance. DOC Operating Procedures 030.4 and 350.2 specify the training requirements for PREA investigators.

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

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

The Health Administrator confirmed that she has had the required training. Documentation was presented to the auditor. DOC Operating Procedures 160.1, 350.2, 701.1 and 720.1 specify that all health care staff receive the basic PREA training and specialized training for medical and mental health care staff. The Psychology Associate has also received the specialized training. The agency meets the requirements of the standard.

### **Screening for Risk of Sexual Victimization and Abusiveness**

#### **§115.241 – Screening for risk of victimization and abusiveness**

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

DOC Operating Procedures 940.4 and 861.2 specify that all new residents shall receive an intake screening within 72 hours of admission. The screening covers all the elements in the standard. Provisions are made for admissions that may be scheduled at a time that proceeds a long holiday weekend to ensure the screenings are completed within the 72 hour requirement. Interviews with intake staff and residents confirmed that the screenings are completed within 72 hours of admission.

Section 115.241 (f) states that within a set period of time, not to exceed 30 days, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. After interviewing staff and residents, it was not exactly clear who was responsible for the 30-day follow-up reassessment and the auditor was concerned that some were not being done because of the confusion. Following the audit, the Superintendent and her staff created a form titled the Prison Rape Elimination 30-Day Reassessment Review. This form considers every section of the Standard 115.241 (d) (1) through (9) and any disciplinary charges. The Probation Officers on staff at the CWDDC are responsible for completing the 30 day review. Upon a return visit to the facility on December 11, 2014, the Superintendent documented to the auditor that the Probation Officers did a review on every new resident that had been admitted to the facility in November. The auditor finds the agency meets the standard.

## **§115.242 – Use of screening information**

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

DOC Operating Procedures 940-4, 038.3, 425.4, and 730.2 address all the requirements of the standard. The information in the risk screening is used to make informed decisions regarding housing, education, work, and other programming assignments to ensure all residents are safe. The facility provided written documentation regarding screening and housing assignments. As of the date of the audit, there have been no transgender or intersex residents sent to the facility.

## **§115.251 – Resident reporting**

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

DOC Operating Procedures 866.2, 038.3, 038.1, 801.6, and 803.3 are consistent with requirements of the standard. The DOC has informed the residents that there are multiple ways a resident can report a sexual abuse or harassment. Residents can make a report to a staff member, a probation officer, a family member or friend, or the resident can call the PREA Hotline (#55) or call the National Sexual Abuse Hotline. The resident can also ask a family member to complete the PREA Referral form and email it directly to the Department of Corrections. The PREA brochure gives the phone numbers residents can use to report sexual abuse.

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

Interviews with staff confirmed that the staff are very aware that they can make a report of sexual abuse or harassment privately. Staff said that they could call #55 or make a report to the National Sexual Abuse Hotline, or the SIU.

During the audit, the auditor called #55 and spoke with a representative of the agency that receives calls. The representative described how he would handle a PREA call from this facility.

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

### **§115.252 – Exhaustion of administrative remedies**

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

The DOC Operating Procedures 038.3, 861.2., and 866.2 provide the residents can utilize administrative remedies and file a grievance or complaint to make their PREA allegation known. The Operating Procedures meet all the requirements of the standard. No resident has used the grievance procedure to make a PREA allegation as of the date of the audit.

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

### **§115.253 – Resident access to outside confidential support services**

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

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

The DOC has a current written agreement with Action Alliance which the auditor has reviewed.

### **§115.254 – Third-party reporting**

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

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

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

### **§115.261 – Staff and agency reporting duties**

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

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

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

All allegations are immediately reported to the facility investigator.

Interviews with randomly selected correctional officers, the Health Administrator, the Psychology Associate Senior, and other designated staff, established that these procedures are well known throughout the CWDDC.

### **§115.262 – Agency protection duties**

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

Interviews with all staff confirmed that employees are aware of their responsibilities to immediately protect any resident who is at substantial risk of imminent sexual abuse. Operating procedures 940-4, 038.3, and 730.2 specify the reporting requirements.

### **§115.263 – Reporting to other confinement facilities**

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

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

### **§115.264 – Staff first responder duties**

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

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

### **§115.265 – Coordinated response**

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

The CWDDC has a plan that meets the requirements of the standard. DOC Operating Procedures 038.3 and 075.1 require each facility to have a coordinated response plan. Interviews with correctional officers, health care, and mental health staff confirm that all staff are aware of their specific responsibilities and the responsibilities of their partners.

### **§115.266 – Preservation of ability to protect residents from contact with abusers**

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

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

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

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

DOC Operating Procedures 038.3, 075.5 and 130.1 address the subject of retaliation against a resident, victim, or staff member who reports sexual abuse or sexual harassment. Lt. Carmen Green is the staff member designated to monitor for retaliation. In her roles as the PREA Manager and PREA Investigator, Lt. Green is well positioned for this additional responsibility.

The Superintendent stated that there have been no threats or reports of retaliation that are PREA related.

## Investigations

### §115.271 – Criminal and administrative agency investigations

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

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

All the SIU investigators who conduct investigations of sexual abuse and harassment have received the required PREA training. In addition, Lt. Carmen Green is the designated CWDDC investigator and she has also received the investigator training.

There have been no allegations of sexual abuse or sexual harassment at this facility during the reporting period.

### §115.272 – Evidentiary standard for administrative investigations

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

DOC Operating Procedures 861 – 2, 130.1, and 135.1 all state that the DOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### §115.273 – Reporting to residents

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

DOC Operating Procedures 030.4 and 038.3 articulate the protocols for reporting the outcomes of PREA investigations to the victim and informing the victim of the current status of the perpetrator.

The Superintendent and the PREA Manager described the procedures for reporting to residents and how this would be documented.

## **Discipline**

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

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

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

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

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

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

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

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

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

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

The requirements of this standard are incorporated into the DOC Operating Procedures 038.3, 820.2, and 861.2.

During this reporting period, there have been no reports of sexual abuse or harassment and therefore, there have been no disciplinary sanctions taken against residents.

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

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

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

During interviews, the Health Administrator and the Psychology Associate confirmed that these procedures have been reviewed with them and with correctional officers who would react as first responders. Bon Secours St. Mary's Hospital is the designated medical facility where SAFE/SANE forensic exams will be conducted. Action Alliance is the designated agency that will provide emotional support, if requested.

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

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

DOC Operating Procedures 720.1, 720.4, 720.7, and 730.2 describe the health care and mental health protocols that will be followed to ensure residents who have been sexually abused in any lockup, jail, prison, or juvenile facility are offered medical and mental health evaluation and treatment, as appropriate. The Health Administrator and Psychology Associate Senior confirmed that these procedures will be followed in a resident reported such abuse.

If a resident-on-resident sexual abuse occurred in the CWDDC, the alleged abuser would very likely be removed from the program. However, if this did not happen, the facility would attempt to conduct a mental health evaluation within 60 days of learning of such abuse and offer treatment when deemed appropriate.



## **Data Collection and Review**

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

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

DOC Operating Procedures 038.1 and 038.3 define the process that will be followed by the Sexual Abuse Incident Review Team. These procedures meet the requirements of the standard. The Superintendent has appointed herself, as well as the Assistant Superintendent, the PREA Manager, and the on-duty Watch Commander to the Incident Review Team and will appoint other staff as necessary.

Although there have been no allegations of sexual abuse or sexual harassment, the Superintendent is considering using some scenarios from other agencies as a training exercise for the Incident Review Team.

### **§115.287 – Data Collection**

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

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

Operating Procedure 38.3 describes the requirements that the DOC will follow for data collection.

### **§115.288 – Data Review for corrective action**

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

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

## §115.89 – Data storage, publication, and destruction

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

The DOC Operating Procedures 025-3 and 038.3 define data retention and secure storage protocols for the DOC. The DOC publishes an annual report that makes all aggregated sexual abuse data readily available to the public through its Web site.

### 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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December 31, 2014

Date