

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



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

<b>Name of facility:</b>		Marion Correctional Treatment Center	
<b>Physical address:</b>		110 Wright Street, Marion, Virginia 24354	
<b>Date report submitted:</b>		6/11/14	
<b>Auditor Information</b>		<b>Diane Lee – The Nakamoto Group</b>	
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<b>Date of facility visit:</b>		May 20, 21 and 22, 2014	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 276-783-7154			
<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	
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<b>Agency Information</b>			
<b>Name of agency:</b>		Virginia Department of Corrections	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>		Commonwealth of Virginia	
<b>Physical address:</b>		6900 Atmore Drive, Richmond, VA 23261	
<b>Mailing address:</b> <i>(if different from above)</i>		PO Box 26963, Richmond, VA 23261	
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<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## **AUDIT FINDINGS**

### **NARRATIVE:**

The site visit for PREA audit of the Marion Correctional Treatment Center was conducted on May 20-22, 2014 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. Before the audit, the auditor interviewed the Agency Director, Harold Clarke, and the state PREA Coordinator, Elizabeth Thornton, at the Virginia Department of Corrections headquarters in Richmond, Virginia. During the audit, the auditor toured the facility and conducted formal staff and inmate interviews. The auditor interviewed 10 inmates (10 random inmates from all of the housing units). One of the inmates interviewed had written a letter to me from the PREA posting notice. Two of the inmates interviewed had made sexual abuse allegations in the last year. In addition, the auditor questioned 21 staff (11 specialized staff and 10 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Warden, PREA compliance manager, facility investigator, human resource manager, training officer, Clinical Social Worker, Recreation Therapist, Major, Chief Psychologist, Qualified Mental Health Professional (Certified Sex Offender Counselor), and Nursing Director.

An entrance meeting was held with the following persons in attendance: Warden Larry Tarvis; Dara Robichaux, Assistant Warden; Chris Armes, QMHP; Major Terry Richards; PREA Compliance Manager Vickie Williams; Barry Loupe, HR Director; Lynn Doss, OPS Manager; Captain Joe Robinson; Captain Ronald Fowler; Investigator Sgt. Brian David and Joseph Parks, Regional PREA Analyst. Also present during the audit were Lawanda Long, Regional PREA Analyst, Lynn Graham, OPS Manager Augusta CC and Elisabeth Thornton, Agency PREA Compliance Coordinator.

There are currently 205 male inmates at the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 10:30 a.m., Eastern Standard Time. In the last calendar year, there were 17 sexual assault/harassment allegation cases.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Marion Correctional Treatment Center(MCTC) provides acute, psychiatric services for adult male offenders who need treatment for mental disorders with the Virginia Department of Corrections. The facility is in a two story brick building surrounded by a high security perimeter. The basement has the laundry, visiting area, classrooms, libraries and property room. The other

levels contain the housing units, offices, dining and kitchen, auditorium and gymnasium. The housing units and segregation units are mostly single cells, but some have either two or six inmates per cell. Single cells that do not have a toilet inside are equipped with a bell that they can contact the officer if they need to use the toilet. Showers are located throughout the housing units and are used by only one inmate at a time. Each housing area has a large dayroom and a screened porch area where the telephones and PREA notices are located. The facility has a 90-bed acute care program, a 101-bed psychological residential program and an outpatient mental health program. The goal is to try to stabilize inmates so they can return to a regular prison. This Special Purpose Institution is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) as a Behavioral Health Care facility, and Licensed for Acute Care, Outpatient, and Residential Unit mental health services by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). MCTC houses adult male offenders classified to multiple levels of security from maximum to minimum.

Originally opened in 1958 as a state mental hospital, it was acquired by the DOC in 1980 and opened as a correctional mental health treatment center for adult male offenders. As the only DOC acute mental health facility they can force-medicate due to license by Department of Behavioral Health. They also have 49 general population cadre inmates who provide support services to the facility, the Academy for Staff Development and Grayson County River North Facility. They are in the process of site additions/upgrades to add a 122 bed Cadre Unit to replace the existing 48 bed Modular Units by September 2014.

The mission of Marion Correctional Treatment Center is: United in protecting the safety of all by providing progressive mental health, education and vocational services to offenders in an environment that promotes optimal quality of life and focuses on successful re-entry into the community. This mission is achieved by delivering evidence based, individualized services in a secure, humane environment. MCTC partners with community agencies to provide a collection of services aimed at meeting the special needs of the offenders upon release.

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment. The staff also has specialized training and skills to work with the severely mentally ill inmate.

## **SUMMARY OF AUDIT FINDINGS:**

When the on-site audit was completed, an exit meeting was held. While I could not give the facility a final finding, as there were some issues needing further documentation and clarification, I did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. I gave an overview of the audit and thanked the Marion Correctional Treatment Center staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards met:	36
Number of standards not met:	0
Not Applicable:	3

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

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

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have Regional PREA Compliance Analyst's to ensure they are meeting all the PREA standards.

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

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

Not Applicable -The agency has not contracted with other entities for the confinement of the inmates from Marion Correctional Treatment Center.

### **§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)

Warden Larry Jarvis ensures that he completes an annual review of the post audits and staffing plan. Due to the cognitive, mental and emotional challenges faced by the inmates with significant mental health needs, MCTC needs to maintain a higher staff to offender ratio than other facilities. In addition, they are increasing the cadre inmate population soon to 122. Since the annual review they have received two additional staff positions, a Captain position and an EBP/Re-entry manager. They have a sound plan to prevent, detect, respond and monitor allegations of sexual abuse and sexual harassment. They have adequate resources to meet their needs and effectively administer procedures and programs related to PREA standards compliance. The review included an assessment of the facilities' video monitoring systems, phone access and staffing levels. They do not operate below the critical post requirements. Operating procedures 401.1, 401.2, and 401.3 support this standard. Documentation of unannounced rounds that cover all shifts was reviewed. The video camera system consists of

172 cameras and they are currently installing 35 additional cameras. The additional cameras will be installed in the kitchen, dining room, stairwells, hallways, sally ports in back of prison and segregation cages between 1B and 1C.

### **§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 - They do not house youth inmates at this facility.

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

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

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s) by stating “female on unit”. This is also noted in the log book and has been added to the post orders. This was documented during interviews with staff and inmates, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, and 160.2. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff will all be trained by 1/1/15 on conducting strip searches of transgender and intersex inmates in a professional manner. A PREA transgender strip search memo was issued on 5/21/14 and it will be added to the specific post orders upon the next post order review. There are no transgender or intersex inmates at the facility at this time.

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

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

Operating Procedure 038.3 meets all the requirements of this standard. The DOC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. They have a contract for interpreter services.

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

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

Based on interviews with HR all components of this standard are being met. Operating procedures to meet this standard include 170.1, 030.3, 260.1, 040.1, 057.1, 101.1, and 135.1. All employees/contractors have recently had their criminal background check completed again. A tracking system is in place to ensure they will be completed every five years.

### **§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)

Based on reviews by the Agency's PREA team and facility staff, they are in the process of adding 35 additional rapid eye cameras throughout the facility. The additional cameras will be installed in the kitchen, dining room, stairwells, hallways, sally ports in back of prison and segregation cages between 1B and 1C.

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

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

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. A Sexual Assault Response Checklist is used and medical determines if the inmate should be transported to Smyth County Hospital for SAFE/SANE exam. A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the inmates are allowed to make. The phone number is posted in each housing unit.

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

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

Operating Procedures 038.3 and 030.4 were reviewed during on-site inspection to verify the components are met. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. The facility investigator initiates all investigations. The Special Investigations Unit (SIU) picks up on criminal cases and advises facility investigator on administrative investigations. All investigations are internal to DOC. The Auditor reviewed several of the investigations that had been conducted.

### **§115.31 – Employee Training**

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

Operating procedures 160.1 and 160.2 cover all training required by standard. Virginia DOC provides all employees a three hour class which includes a video. Staff also acknowledge in writing their understanding of PREA. The acknowledgement form lists all the required areas of the standard. A review of the lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training.

### **§115.32– Volunteer and Contractor Training**

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

Reviewed contractor and volunteer sign-in sheets for training received. PREA Compliance Manager conducts the required training for volunteers and contractors.

### **§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)

Inmates receive information at time of intake through a PREA pamphlet and there is information in the inmate handbook (also available in Spanish). There are posters throughout the facility and the phone number to call to report is in each housing unit. During facility orientation they receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. The inmates sign an acknowledgement of having received the training. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. Operating procedures 038.3 and 810.2 cover the components required.

### **§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)

Institution Investigator Barry Loope and the Intelligence Officer have received specialized training at the Virginia State Police Academy developed by Moss Group for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet this standard.

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

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

The Health Care Administrator, Nursing Administrator and all medical and mental health staff has received specialized training on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Operating procedures that meet this standard include 160.1, 701.1 and 720.7.

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

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

Operating procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. All inmates are assessed at reception center during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. Upon arrival at MCTC, counselors conduct a screening within 72 hours of arrival by policy and check of records. Inmates identified as high risk for sexual victimization or risk of sexually abusing other inmates are referred to mental health staff for a reassessment within 30 days. The mental health inmates work individually with their assigned treatment team consisting of Psychologist, Psychology Associate, Social Worker, counselor, Nurse and Recreation Therapist. They would be reassessed based on any new information that bears on the inmates' risk of sexual victimization or abusiveness. The new information would be added to the VDOC electronic system to determine appropriate housing assignments.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program assignments are done on a case by case basis. They have now verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate.

### **§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 inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that. There have been no inmates placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in protective custody cell until the investigation and alternative means of separation found. Operating procedures that meet this standard include 425.4, 810 and 830.5.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook, on posters and through Operating Procedures 038.3, 801.6, 803.3. and 866.1.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. The Emergency Grievance form was revised 7/1/13 to specifically address PREA issues. No grievances were filed in last year that alleged sexual abuse.

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

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

A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. This auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services that the inmates are allowed to make. The number is posted in each housing unit.

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

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

This information is made available to inmates through posters and their handbook.

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

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

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, 801.6 and 030.4 include all the components of this standard. This was also verified through interviews with random staff.

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

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

If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in protective custody cell until the investigation and alternative means of separation found. There have been no inmates placed in this status. Operating procedures that meet this standard include 425.4, 038.3 and 730.2. This was also verified through interviews with random staff.

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

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

Operating procedures 038.3 and 030.4 include all the components of this standard. This was also verified through interviews with Warden and PREA Coordinator. MCTC has received 7 allegations that an inmate was abused while confined at another facility. All the facilities were notified of the allegations within 72 hours. There have been no allegations of sexual abuse that MCTC received from other facilities.

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

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

Operating procedures 038.3, 030.4 and 075.1 include all the components of this standard. This was also verified through interviews with random staff.

### **§115.65 – Coordinated Response**

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

Operating procedures 038.3 and 075.1 address this standard.

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

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

Not applicable; there is no collective bargaining in the Commonwealth of Virginia.

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

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

PREA Compliance Manager Vickie Williams is assigned to monitor for possible retaliation. The MCTC PREA Plan does state that the PREA Compliance Manager is charged with monitoring retaliation and at a minimum conducts checks with inmates who have been victimized or reported victimization every 30 days up to 90 days or longer if required to ensure no retaliation on the inmate has been instigated.

### **§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)

Inmates could temporarily be placed in protective custody cell, pending investigation.

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

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

Operating Procedures 030.4 and 038.3 cover these components. The MCTC Investigator conducts investigations within the facility. If an allegation appears to be criminal in nature, the Investigator will call upon the DOC SIU to conduct the investigation. The SIU will provide technical assistance and support to the facility investigator for administrative investigations. The DOC SIU has full police powers. With the exception of recently hired investigators who are still in their field training, all SIU Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively.

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

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

Operating Procedures 130.1, 135.1 and 861.1 cover these standard requirements.

### **§115.73 – Reporting to Inmate**

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

Operating procedures 038.3 and 030.4 address this standard. All inmates were notified of the results of the investigations. Of the 17 allegations of sexual abuse or harassment, 1 (one) was substantiated, 13 were unsubstantiated and 13 were unfounded.

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

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

Operating Procedures 130.1 and 135.1 include all the components of this standard. During this audit period 1 (one) staff member was terminated for violating agency 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)

Operating Procedures 027.1 and 130.1 include all the components of this standard.

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

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

This is clearly stated in the inmate handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for inmates.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating Procedures 730.2, 425.4, and 701.3 cover all components. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating procedures that address this standard are 720.7, 730.2, 038.3 and 075.1.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating Procedures 720.7 and 730.2 cover all components.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Operating Procedures 038.3 and 038.1 include all the components of this standard.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

This is covered in Operating Procedure 038.3. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument since 2008. The system allows the agency to submit the annual DOJ Survey of Sexual

Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action.

### §115.88 – Data Review for Corrective Action

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

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

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

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

This is covered in Operating Procedure 038.3 and 025.3. The 2013 Annual Report was reviewed.

#### AUDITOR CERTIFICATION:

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

\_\_\_\_\_*Diane Lee*\_\_\_\_\_

\_\_\_\_\_June 11, 2014\_\_\_\_\_

Auditor Signature

Date