

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Stafford Diversion Center	
Physical address: 384 Eskimo Hill Road, Stafford, VA 22554	
Date report submitted: 10/10/2014	
Auditor Information Peter Plant	
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Date of facility visit 09/09-10/2014	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: 540-658-3173	
The facility is:	<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
Facility Type:	<input checked="" type="checkbox"/> Community Based Confinement Facility
Name of PREA Compliance Manager: Major Bessie P. Evanchyk Title: Assistant Superintendent	
Email address: Bessie.Evanchyk@vadoc.virginia.gov Telephone number: 540-658-3173	
Agency Information	
Name of agency: Virginia Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>	
Physical address: 6900 Atmore Drive, Richmond, VA 23225	
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Agency Chief Executive Officer	
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Agency-Wide PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE:

The Stafford Diversion Center is an innovative, productive, structured facility designed to assist divertees with positive changes. The employees of the facility are committed to providing a safe and fulfilling work environment that promotes a sense of pride and ownership. This was evident throughout the course of the audit. Divertees are provided opportunities to successfully reintegrate into the community through cognitive restructuring, work skills development, and re-entry resources. This was confirmed during interviews with divertees who viewed participation in the program as helping them to return to their communities and to avoid future criminal activity.

Diversion Center referrals are usually made after a new felony conviction or a probation or parole violation. The Diversion Center staff evaluate the referral and determine whether the divertee is appropriate for the program. Violent offenses such as Murder, Manslaughter, Sexual Assaults, Robbery, Malicious Wounding, Arson, and Carjacking, as well as a history of Assaults, including an Assault Against a Police Officer can make an divertee ineligible for the program. Certain medical conditions can cause a divertee to be ineligible for the program. A determination is made regarding the divertee being able to complete the program without worsening his condition. Heart conditions and certain disabilities are not acceptable. Certain diabetes and hypertension cases may be accepted based on medical treatment, medication and stability of the condition. The condition must be under control. Sometimes a medical evaluation is requested.

Most mental health cases are excluded. A divertee with a prior history of depression may be acceptable, if the divertee has been stable for a minimum of six (6) months with no medication. Prior suicide attempts may be acceptable, if the attempt is over a year old, and the subject has been stable without medication. Sometimes a mental health evaluation is requested.

After the Divertees arrive at the Diversion Center they are processed in; issued property, including khaki pants and shirts; receive an orientation from probation officers, security staff (which includes PREA), property staff, and the Fiscal Tech. Social Security Cards are also ordered. A medical and mental health screening is performed on the first day by a nurse. Later in the week the Divertees are examined by a medical doctor.

During weeks two through five, the Divertees receive additional orientation and programs begin. The programs include: Thinking for a Change; Educational Assessment and GED Classes; Work Ready Program, including Life Skills; Matrix Substance Abuse; Work Place Essential Skills; Employment Experience; and Individual Counseling. Facility work duties are assigned and the Divertees perform community service work. Divertees can also attend programs that are offered by volunteers; such as Alcoholics Anonymous, and Religious Services and Counseling.

Divertees who successfully complete the orientation and classroom phase of the program receive their community work assignment and are reviewed by the facility review committee for a recommendation for a gate pass for final community job placement. After approval of their gate pass from the Superintendent, Divertees can begin working in the community once assigned a community job placement. All jobs are screened and secured by the sergeants who work as job coordinators on jobs they or administrative staff secure. Diversion Center personnel transport the Divertees to and from work. Job types include manufacturing, production assembly, steel fabrication, distribution, and fast food restaurants.

Divertees have leisure time after they return from work, beginning at 4:30p.m. There is an inside recreational area which includes activities such as: table tennis, television, videos, board games, and a pool table. Outside recreational activities include basketball, horseshoes, and weightlifting. Divertees are also permitted to make collect telephone calls, and they can send and receive letters.

During the last week of the program the Divertees prepare to return to their Districts. The Divertees do not work their departure week in preparation for their re-entry consisting of re-entry programs and final meeting with their assigned Probation Officer. A discharge summary is sent to the probation officers in the Districts. The discharge summary includes, programs completed, adjustment, and home plan. Reporting instructions are issued and the Divertees receive an exit orientation.

Fifteen (15) percent of all wages received by the Divertees are applied to court costs, fines and restitution. The Divertees pay \$12.00 per day for room and board after they begin working in the community. The Divertees pay \$1.00 per day for roundtrip transportation to work. Court costs, fines and restitution submitted by the facility to local jurisdictions during the year totaled \$74,767.27. During the audit period, \$160,464 was submitted to the Treasurer of Virginia for room and board.

The Stafford Diversion Center was audited on September 9-10, 2014. A review of the pre-audit documents had been conducted prior to the on-site visit. Present during the entrance were Major Bessie P. Evanchyk, Assistant Superintendent and PREA Compliance Manager; Tikki N. Hicks, Senior Probation and Parole Officer; Rose L. Durbin, VDOC Central Region PREA Analyst; and, LaWanda M. Long, VDOC Eastern Region PREA Analyst. Superintendent James R. White, Jr. was unable to attend as he was in Court that day.

It was noted that throughout the tour the auditor observed that PREA related material was posted, as well as the PREA audit notice was posted in each housing area. All the divertees interviewed knew that they could dial #55 at any time to contact an outside advocacy agency. After the tour, a list of selected persons was identified for interviews. This list included specialized staff, as well as random staff and divertees. Interviews were conducted with the Superintendent, PREA Compliance Manager, medical and mental health staff, risk screening and intake staff, first responder staff, investigative staff, incident review staff, a volunteer and a contractor.

An exit meeting was held with the same staff who attended the entrance. Superintendent White and VDOC Regional Administrator, Marcus M. Hodges also attended.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Stafford Diversion Center is located in historic Stafford, Virginia, approximately 45 miles from Washington, D.C. The facility was constructed as a prison field unit in the 1950's, housing inmates who performed road work crew functions. The facility was converted to a detention center in 1997, and finally converted to a Diversion Center in 2001, offering programming, education, work ready programming, community service, and community job placements. The Stafford Diversion Center's objective is to provide a structured program alternative for nonviolent divertees who otherwise would be sentenced to incarceration when the Court determines they require more security or supervision than provided by intense probation supervision. The facility sits on 140 acres; however, only approximately 25 acres are currently utilized. The facility is accredited by the American Correctional Association.

The Stafford Diversion Center facility perimeter is secured with twelve foot fencing with double razor wire. Facility access and egress consists of a main secure gate monitored and controlled by the facility control room. Once gate access is obtained, staff, visitors and divertees proceed up a set of steps to the main

access door to the facility structure. The main entrance serves as the access and egress point for all divertees and the primary access and egress point for personnel. The main entrance of the facility is immediately adjacent to the continuously staffed control room, with a small foyer.

During the entrance tour, all areas of the facility were toured. The Stafford Diversion Center consists of two dormitory housing units (52 beds each), four secure detention cells, a cafeteria and full service kitchen, industrial laundry, a large dayroom, programmatic and visitation areas, case management offices, and an adjacent education building. Upon entry through the secure sally port the two housing dormitories extend from the center of the facility, and are separated by bars and securable gates. Divertee housing is under constant supervision by correctional staff posted between the two housing units, with direct line of sight through both living areas. These open bay living areas provide each divertee with a sleeping area, locker, chair and writing space. The toilets are at the near end of each dorm and recessed from view. The shower area in the basement is undergoing a major renovation, but the area continues to afford privacy while taking a shower.

All exterior windows throughout the housing units and entirety of the facility are secured with detention grade bars to prevent unauthorized access or egress. There are no security cameras within the interior or exterior of the facility. All monitoring of divertee behavior and movement is done by correctional staff posted throughout the facility. Security staff is posted throughout the building, with identified posts in the Control Room, observing living units, and in the dayroom/program area of the lower level, as well as roving security and recreation security, as necessary.

The exterior of the facility has ample lighting in all areas, to include light poles on the grounds, parking and drive areas. Exterior floodlights are also mounted to the facility to illuminate the building as well as the perimeter of the structure itself. The facility is in the process of installing glass windows in each of the staff office doors in order to enhance supervision and security. On the first day of the audit there were 90 divertees housed in the facility.

There is a compliment of 27 security personnel for the Stafford Diversion Center. Correctional Officers are supervised by Lieutenants and the Sergeants serve as Supervisors of functions such as the community job placement, drug testing, intake and other daily operational functions to include serving as Shift Commanders in the absence of the Lieutenants. The Major (Assistant Superintendent) is the highest ranking of the defined Security staff positions directly supervising the Sergeants and Lieutenants. Security personnel operate in two separate shifts; 5:30 a.m. to 6:00 p.m. and 5:30 p.m. to 6:00 a.m. Portable radios are available for security personnel and utilized throughout the facility. Divertees are counted independently by two separate correctional staff members. Those independent counts are then compared by a third staff member and, if matching, reported to the control room who in turn verifies and clears the count. Counts are performed at 05:30 a.m., 11:30 a.m., 05:45 p.m., 08:00 p.m. and midnight.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	2
Number of standards met:	36
Number of standards not applicable:	1
Number of standards not met:	0

Standard**§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Policy 038.3 addresses this in detail and was last revised on 7/15/14. This policy outlines the implementation of the agency's approach to the preventing, detecting, and responding to sexual abuse and harassment. Policy 130.1 addresses the rules of conduct between employees and divertees and became effective on 8/2/13. This policy defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions. Interviews with staff reflected a strong understanding of and commitment to a zero tolerance of sexual abuse and sexual harassment at this facility.

Elisabeth Thornton, the state agency PREA coordinator, is in a dedicated position and reports sufficient time and authority to the development and implementation of agency efforts in PREA compliance. She has three regional PREA analysts to provide additional over-site of all state correctional facilities.

Assistant Superintendent Major Bessie P. Evanchyk serves as the facility PREA manager and reports she has sufficient time and authority to direct and oversee the facility's compliance with PREA.

Interviews with both Superintendent White and PREA Coordinator Elisabeth Thornton confirm the Virginia Department of Corrections stand on sexual abuse and sexual harassment and their commitment to enforcing the zero tolerance policy.

Standard**§115.212 – Contracting with other entities for the confinement of residents****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

There is one contracted prison in the Virginia Department of Corrections, the Lawrenceville Correctional Center operated by the GEO Group, Inc. Policy 260.1 identifies that all contracts for the confinement of DOC offenders shall include requirements of the entity's obligation to adopt and comply with PREA standards, as well as provide for the agency contract monitoring to be conducted. The last contract amendment was in March 2014 and included a requirement to adapt and comply with PREA standards. Additionally, the contract requires state agency monitoring of PREA compliance. Per conversation with the PREA analysts, this will occur as mock audits each year.

Standard**§115.213 – Supervision and monitoring****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 401.2 requires all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing staffing plan and all post audits. This facility staffing plan identifies assigned posts and emergency/relief posts. Also

identified are the five reasons for most deviations of the staffing plan: call-ins (policy allows staff to call in 2 hours prior to start of shift for medical reasons); staff attending additional Department mandated training; staff on short-term disability; time adjustments for staff who attended mandatory training on days off; and, staff scheduled off for accumulated leave time. Deviations are documented on the Duty Roster each day and each shift. The last review of the staffing plan was conducted by Superintendent White on January 16, 2014.

Policy 401.3 addresses the requirement of the Facility ADO's to conduct and document unannounced rounds intermittently during the month. Policy 401.1 mandates that staff are prohibited from alerting other staff of supervisory rounds. A review of the logbook entries found that these rounds are conducted at random on all shifts.

Clearly, the physical layout of this relatively old facility presents all sorts of challenges with respect to supervision and monitoring, but the absence of allegations of sexual abuse and sexual harassment, a critical factor in the development of the staffing plan, reflects good practices in this regard.

Standard

§115.215 – Limits to cross-gender viewing and searches

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 445.1 addresses cross-gender strip searches which are prohibited unless there is an immediate threat to the safe, secure, orderly operation of the facility, and there is no other available alternative. Policy 445.1 addresses the limits of cross-gender frisk searches for female offenders. This does not apply to this facility as this is a male facility. This policy also notes that only medically trained professionals are permitted to conduct body cavity searches. All cross-gender searches shall be documented on an Internal Incident Report as per policy 445.1.

Policy 445.1 was amended on August 21, 2014, to reflect the PRC FAQ of July 3, 2014, detailing the requirements for being in compliance with the Standard, regarding the searches of transgender and intersex offenders. Facility security supervisors have reviewed these revisions with all security staff at muster. The agency is developing a formal curriculum revision to be substituted for the prior procedure in both pre- and in-service trainings.

Policy 801.1 notes procedures and practices to enable divertees to shower, perform bodily functions, and change clothing without non-medical staff or staff of the opposite gender viewing, except in exigent circumstances or where viewing is incidental to routine cell checks. This process includes the announcing of opposite gender staff onto the housing unit, as well as documenting the announcement in the central control logbook. A review of the logbook shows documented announcements. All divertees interviewed stated that their privacy in this regard is respected.

There are two separate open bay dorms across from one another with a supervision post between the two. A notice was posted at each entry door advising that opposite gender staff must ensure that they announce their presence prior to entering and that they are to ensure the announcement is logged in the log book.

Policy 720.2 allows only for the identification of the transgender or intersex divertees genital status to be determined through means other than a strip search by non-medical staff.

Standard**§115.216 – Residents with disabilities and residents who are limited English proficient****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 addresses the agency's commitment to provide divertees with disabilities, or who are limited English proficient, appropriate means to participate in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This commitment prohibits the use of resident interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the divertee's safety, the performance of first-response duties or the investigation of the divertee's allegations.

The agency has access to information in Braille through the Virginia Correctional Enterprises Document Conversion Unit at Fluvanna Correctional Center for Women for blind or low vision divertees. They also have an MOU with Purple Language for the provisions for Sign Language Translation and Video Remote Interpreting for deaf or hard of hearing divertees. Currently, this facility does not house blind divertees.

Signage, orientation, and divertee handbooks are provided in both English and Spanish. The agency would, if necessary, have these documents interpreted into other languages as the need arose.

Interviews with staff confirmed compliance with this standard. Even those staff who did not know all of the resources available to them, knew to contact their supervisor for assistance, and not to utilize divertees to translate.

Standard**§115.217 – Hiring and promotion decisions****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policies 030.3, 040.1, 260.1, 101.1, 057.1 and 170.1 address all components of the standard. Policy 030.3 confirms the commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor. This policy also addresses required background screenings to be conducted prior to any new staff having contact with divertees or before enlisting the services of any contractor who many have contact with divertees. There is a provision for background checks to be completed every five (5) years. As per the HR staff, this practice just began in 2014.

Policy 040.1 and 260.1 confirms the failure of a staff, or a contractor, to report when charged or found liable in any civil or disciplinary proceedings of having engaged or attempted to engage in sexual activity by force as noted in the standard. Additionally they must also report any charges or convictions of a criminal offense or moving traffic violation. Failure to report or material omissions regarding charges or convictions of sexual abuse or sexual harassment is grounds for termination. Policy 101.1 requires employees to complete an Employee Self-Assessment during their annual Performance Evaluation that addresses these behaviors.

Policy 057.1 requires Virginia DOC to provide information on substantiated allegations of sexual abuse or harassment

involving an employee to any institutional employer who provides a written request.

Policy 170.1 allows for the direct questioning of an applicant or employee about previous misconduct.

Hiring and promotions policies and practices include specific interview questions as required by the standard, and has a commitment to not hire or promote any person who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent. The agency considers sexual harassment in determination of hiring or promoting of employees or enlisting the services of a contractor, prior to any divertee contact an initial background check is completed.

Five year background checks are required to be completed for all staff. The agency reports sustained allegations of a sexual nature to other institutional employers upon request.

Standard

§115.218 – Upgrades to facilities and technology

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

As part of the facility’s efforts to become in compliance with PREA, it was determined that eleven cameras were needed in key high risk areas to supplement existing supervision and monitoring activities. These eleven cameras are on order and should be installed shortly.

Standard

§115.221 – Evidence protocol and forensic medical examinations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

The Virginia DOC is responsible for investigating allegations of sexual abuse. Policy 030.4 requires the use of a uniform evidence protocol that is developmentally appropriate for youth, where youth are incarcerated. The Sexual Assault Victim Search/Evidence Collection Protocol shall be followed for all investigations into allegations of sexual abuse.

Policy 720.7 allows for the facility to offer a victim a forensic medical examination that is performed by a SAFE or SANE examiner at no cost to the victim. It also requires a victim advocate to be provided upon request. The agency has an MOU with Action Alliance for the whole state of Virginia that provides for the training of internal victim advocates. Victim advocates are on-call and do not respond to their own work location. Advocates may, as requested, accompany victims at forensic exams, during investigations and may also include follow-up visits or communications with the victim.

Stafford Diversion Center does not conduct forensic exams. Should the need arise, divertees will be transported to Mary Washington Hospital for a forensic exam conducted by a SAFE or SANE examiner.

Standard**§115.222 – Policies to ensure referrals of allegations for investigation****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 addresses administrative and criminal investigations. The DOC Special Investigations Unit (SIU) conducts administrative and criminal investigations after an internal investigation at the facility level has definitely determined the allegation is not unfounded. SIU have statutory authority to conduct investigations. They will confer with the Commonwealth Attorney's Office which has the authority to prosecute.

The agency conducts both administrative and criminal investigations. Criminal investigations are conducted through the Special Investigative Unit (SIU), who will confer with the Commonwealth Attorney's Office regarding prosecution. There were no allegations of sexual abuse or sexual harassment during this audit cycle.

Standard**§115.231 – Employee training****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires all new staff to receive PREA Orientation which includes all ten items identified in the standard prior to assuming any job duties with a unit.

Policy 350.2 requires annual training of all staff in PREA, which includes all ten items as identified in the standard.

Agency training for employees includes all ten required items of the standard. The facility reports that 100% of the staff have been trained. Staff interviews and training records confirm training and the training topics.

Standard**§115.232 – Volunteer and contractor training****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires all volunteers and contractors that have contact with divertees are trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, and, at a minimum, will be notified of the zero-tolerance policy and how to report. The agency shall maintain documentation of the training or confirmation of receiving the zero-tolerance policy and how to report.

The substance abuse treatment contractor interviewed reported receiving the training and was very knowledgeable of PREA and his reporting duties. This was also the case in the interview with the volunteer interviewed, an ordained Catholic deacon, who has been conducting prayer services for the past fourteen years. He was very detailed in his knowledge of PREA requirements, and volunteered his understanding that he was not bound by clergy-penitent privilege,

and would report any knowledge or suspicion of sexual abuse or sexual harassment, as he was trained to do.

Standard

§115.233 – Resident education

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 requires all divertees, upon admission, be given the *Sexual Assault Awareness and Prevention* brochure (English or Spanish), and that within ten (10) days of arrival shall receive comprehensive education including the videos “*PREA: What You Need to Know*” and “*Breaking the Silence of Offender Sexual Abuse*”. The divertee is required to sign the Training form at the completion of the video and the facility maintains a copy in the divertees Institutional Record.

Policy 810.2 requires all divertees having been transferred to receive a copy of the brochure. If there is no documentation of having received the PREA comprehensive training completed at a prior DOC facility, the facility shall repeat the education with the divertee. Once completed, a copy will be placed in the divertee’s Institutional Record.

All divertees are provided PREA information (Sexual Abuse Brochure) on admission to the facility, as well as a comprehensive education with video within 10 days of their arrival. Additionally, there is information available throughout the facility in order to keep divertees educated after their admittance into the facility, i.e. posters, handbooks, and brochures. Divertee interviews confirmed they received the PREA orientation and education, even if they had received it in another facility.

Standard

§115.234 – Specialized training: Investigations

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 and 350.2 require SIU investigators to receive additional training regarding PREA; specifically, techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution. This is a two and one half day training that covers all material as required and additional material. Additionally, this training covers not only PREA investigative courses, but all PREA standards.

SUI Investigators and the facility PREA investigator have completed a 2 ½ day training, as required by standard, which is documented. The facility PREA investigator stated that there had been no sexual abuse or harassment investigations in the previous twelve months.

Standard

§115.235 – Specialized training: Medical and mental health care

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 160.1 requires medical and mental health care practitioners to receiving training mandated for employees or for contractors and volunteers depending upon the practitioner's status.

Policy 701.1 requires all full and part-time medical and mental health staff work with regularly in DOC receive specialized training in the detection and assessment of signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional response to sexual abuse and sexual harassment victims, and the reporting of allegations or suspicions of sexual abuse and harassment. Training sign-in sheets confirm training.

All medical and mental health practitioners have received initial mandated training based upon contact with divertees. Specialized training is also completed and documented. No forensic examinations are conducted on site. These are conducted at Mary Washington Hospital. Interviews with medical and mental health staff confirmed that policies would be followed; however, there have been no incidents thus far that required these procedures.

Standard

§115.241 – Screening for risk of victimization and abusiveness

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 810.1 requires an initial assessment be completed within 72 hours by the reception center staff, and that any divertee who scores as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA) be referred to the facility Senior QMHP for follow-up. The policy also requires a 30-day reassessment based upon any additional and relevant information that may have been received. This policy identifies that sensitive information is not disseminated outside of the persons who are identified in policy and that no divertee will be disciplined for refusing to answer a questions or for not disclosing complete information. Policy 810.2 mirrors 810.1 in these areas for transferred divertees.

Policy 730.2 identifies that a divertee's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the divertee's risk of sexual victimization or abusiveness. When identified as HRSV or HRSA, the QMHP will meet with the divertee within 14 days of identification as HRSV or HRSA to notify divertees of available medical and mental health treatment and programming that is available.

Policy 861.1 requires any divertee convicted of a sexual assault and any victims shall be referred to their Counselor for reassessment of the divertee's risk of sexual victimization or abusiveness.

The screening tool considers all identified criteria as per the standard with the exception of civil immigration purposes. Virginia DOC does not hold ICE offenders. The agency uses a scoring system to identify a known victim, potential victim or a non-victim, as well as a known sexual aggressor, potential sexual aggressor or a no current indicator of sexual aggressor. The initial screening considers prior acts, convictions and history of prior institutional violence or sexual abuse for HRSA, and all other required components of the standard for HRSV classification.

Identification of HRSV or HRSA is determined through an objective screening tool. For HRSA, the PREA Coordinator stated that *the automatic HRSA trigger question is "Does the offender have a history of institutional sexual disciplinary offense?" Additionally, the questions "regardless of conviction; history of any physical or sexual violence within past 10 years", what is "The most serious current offense for classification (1st question/the system does pull from listed offense, is current offense assaultive, is current offense sexual in nature" are all weighted in the determination of classification for HRSA.*

A review of the most recent ten admissions indicated that all ten were completed on the day of the divertee's admission. Also, the Superintendent reported that there have not been any cases during the past twelve months where a reassessment was needed for any of the divertees.

Standard**§115.242 – Use of screening information****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 425.5 identifies the steps taken by the facility to utilize the Classification Assessment as a tool to make individualized determinations of housing and bed assignments while keeping the goal of separating high risk victims from high risk sexual aggressors. This policy also addresses the placement of transgender or intersex divertees on a case-by-case basis keeping in mind the divertee's views as to their own safety, as well as the safety of the facility.

Policy 730.2 requires mental health staff to conduct six-month reviews of any transgender or intersex divertee to ensure appropriate housing and programming is in place.

Policy 841.2 identifies the steps for work placement by the Work Program Assignment Reviewer for divertees who are identified as HRSA or HRSV.

Policy 038.3 addresses transgender and intersex divertees being allowed to shower separately from other divertees.

There are two 52 double-bunked beds in each dorm separated by a supervision post. In general one dorm is used for workers and the other for non-workers. Bed assignment is made on a variety of factors, including the results of the risk screening. Divertees who are assessed as high risk for either aggression or victimization are assigned beds next to the supervision post.

There is also a Gender Dysphoria Disorder Committee that makes housing decisions for transgender or intersex divertees; decisions are based strictly on the divertee's view of their safety and the safety of the facility. At the time of the audit, there were no identified transgender or intersex divertees at the facility.

Standard**§115.251 – Resident reporting****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 identifies staff accepts allegations of sexual abuse or sexual harassment that are made verbally, in writing, anonymously, and from third parties and shall prepare an Internal Incident Report. Superintendent White confirmed that the facility did not receive any third party reports during the previous twelve months.

Policy 801.6 offers the divertees the use of the Divertee Request where a report of sexual abuse or sexual harassment and retaliation by other divertees or staff can be reported privately.

Policy 803.3 identifies that divertees have the ability to use a dedicated hotline when the divertee telephones are available by dialing #55.

Policy 866.1 identifies the Divertee Grievance Procedure is one of the internal methods available for divertees to privately report sexual abuse/harassment, retaliation or staff neglect/violation of responsibilities.

The facility accepts multiple ways for divertees to report sexual abuse or sexual harassment which includes an Divertee Request, Divertee Grievance, or the Hotline. There is a MOU established with Action Alliance which allows divertees to dial #55 on the divertee phones and privately and anonymously report to an outside agency. Contact with Action Alliance was made and the auditor was informed that all calls are then forwarded back to the state agency PREA Coordinator's office for follow-up only if agreed upon by the caller. Action Alliance staff did report that they maintain a list of calls that is provided quarterly to the state agency. During interviews, both staff and divertees confirmed that the various methods of reporting are known, including contacting the outside abuse agency, and allegations are responded to as identified in policy.

Standard

§115.252 – Exhaustion of administrative remedies

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 866.1 addresses the all components of the PREA standard, regarding exhaustion of administrative remedies. The policy addresses: staff are not to respond to grievances written about them; divertees are not disciplined for filing in good faith; an informal complaint process is not required prior to filing a grievance; and there is no time limit on grievances regarding an allegation of sexual abuse. The grievance system allows for third-party reporting and assistance in completion of grievance paperwork. Responses to regular grievances are based on level. The total time allowed for the final agency decision is 70 days (Level 1 – 30 days; Level 2 – 20 days; Level 3 – 20 days) with an extension of a 30 day period at each level that requires the divertee be notified of the delay.

The policy also addresses emergency grievances for alleging a substantial risk of imminent sexual abuse. The policy requires notification to both the Facility Unit Head and the PREA Compliance Manager. A first response within eight (8) hours is expected from the ADO or Shift Commander.

Divertees have access to both the grievance system and the emergency grievance system without stipulations of using the informal process first. Grievances are not turned into, nor answered by a staff member who is the subject of the grievance. Grievances are handled within required timeframes. Emergency grievances of a substantial risk of imminent sexual abuse are addressed within eight (8) hours. All delays of the responses required documentation. Third party persons are allowed to assist.

Superintendent White reported that there have not been any cases where a complaint was filed as an emergency or regular grievance, relating to sexual abuse or sexual harassment.

Standard

§115.253 – Resident access to outside confidential support services

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency has a MOU with Action Alliance to provide confidential support services. Information for divertees is provided through brochures which list the mailing address and two phone numbers (800 number and #55). The handbook identifies monitoring of these through the description of telephone calls and mail; and instructions on how to call them on the phone is posted in each pod.

Divertee interviews confirmed that divertees have a very clear understanding, regarding access and the services provided.

Standard

§115.254 – Third-party reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency offers four ways of third-party reporting of sexual abuse and sexual harassment. The Virginia DOC website identifies the e-mail of the director for electronic correspondence, the e-mail of the PREA Grievance Office for electronic correspondence, a phone number to the Confidential Reporting Hotline, and forms in both Spanish and English that can be printed, filled out and mailed. Divertee and staff interviews confirmed that they are aware of third-party reporting.

Standard

§115.261 – Staff and agency reporting duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 requires all employees, volunteers or contractors to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation for reporting or staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. This policy also addresses the prohibition of revealing information to a person who is not a part of investigation, treatment or management of the particular incident or victim/subject.

Policy 720.2 requires all medical and mental health professionals at initiation of services to disclose their duty to report and the limitations of confidentiality.

Policy 030.4 requires that all allegations of sexual abuse and sexual harassment be reported to the facility designated investigator for initial investigation and notification to the PREA analyst.

All staff, the volunteer and the contractor interviewed clearly understand their duty to report.

Standard

§115.62 – Agency protection duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 425.4 requires immediate referral and consult with the Facility Unit Head regarding action to be taken when a divertee is at substantial risk of imminent sexual abuse or further victimization.

The agency has in place steps to take in the event a divertee is at substantial risk of imminent sexual abuse or further victimization including mental health consult and the Facility Unit Head to determine housing interventions or other actions, as identified. It is clear through interviews with Superintendent White and facility staff that they would take

immediate action to protect a divertee at risk of harm.

Standard

§115.263 – Reporting to other confinement facilities

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 requires the Facility Unit Head to ensure an investigation is initiated when a divertee reports prior sexual abuse at another facility.

Policy 038.3 requires the head of the facility to immediately notify the head of the facility or the appropriate office of the agency when an alleged prior abuse had occurred.

The policies meet the requirement of the standards in regards to reporting prior institutional sexual abuse to the facility head or appropriate office of the agency when identified. The facility did not have any allegations during the past twelve months of victimization that occurred at another facility, nor did the facility receive any allegations from other facilities.

Standard

§115.264 – Staff first responder duties

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 identifies steps to be taken immediately when there is an allegation of sexual abuse that includes separating the victim from the subject, preserving and protecting the scene, and ensuring both the victim and the subject do not take any actions that could destroy physical evidence upon their bodies.

Policy 075.1 identifies the presence and use of the facility specific checklist that details out steps for any responder to include the above noted steps and further includes moving the victim to the medical department for assessment and treatment and to notify mental health. If the first person to respond is not a trained first responder, they are to protect and separate the victim from the subject and notify administration.

Policies detail all required steps of the standard. A facility specific checklist is available that includes all steps identified above, as well as notification requirements to the investigator, Unit Head, ADO, the taking of photographs and transport to local hospital for forensic evidence collection. This check list identifies those persons responsible for specific tasks and requires each person to sign off that the task has been completed. All staff interviewed were aware of the necessary steps for responding as a first responder.

Standard

§115.265 – Coordinated response

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 075.1 details the presence and use of the facility specific checklist for responding to an allegation of sexual abuse.

The facility has a Sexual Assault Checklist that details all the steps to be taken in the event of an allegation of sexual assault. Additionally, the facility has a PREA Management Plan that is specific to the facility that details all steps to be taken in the event of an allegation of sexual assault. Staff interviewed were aware of the necessary steps for a coordinated response.

Standard

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

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)
- X Not applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

Collective bargaining in Virginia is prohibited by §40.1-57.2.

Standard

§115.67 – Agency protection against retaliation

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 075.5 identifies the Crisis Response Team as the emotional support service for staff who fear retribution or retaliation for reporting or cooperating with sexual abuse or sexual harassment investigations.

Policy 130.1 provides protection measure for divertees and staff who report sexual abuse or sexual harassment or who cooperate with an investigation or who may fear retaliation by other divertees or staff.

Policy 038.3 provides multiple protection measures that mirror the standard, as well as monitoring of the conduct and treatment of divertees or staff who have reported sexual abuse or cooperated in an investigation each month for 90 days, or longer if necessary. This policy also includes the requirement of periodic status checks for divertees.

The agency has identified services, protections, and monitoring for any staff or diveree who reports sexual abuse or sexual harassment, or who cooperates in an investigation. The Facility PREA Manager is the designated person to conduct monitoring. There is a log to be completed for all monitoring that includes the name, date of incident, and dates monitored. Monitoring is to be for a minimum of 90 days and shall occur every 30 days. There were no instances of reported retaliation in the past 12 months.

Standard

§115.71 – Criminal and administrative agency investigations

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 identifies that allegations of sexual abuse and sexual harassment are investigated by the agency internal SIU

investigators who have received specialized training; and that such investigations shall be conducted promptly, thoroughly, and objectively. This policy also details the collection of evidence, interviews with alleged victim and suspected perpetrators and witnesses and shall review prior complaints and reports involving the same suspected perpetrator. The policy also addresses credibility of the alleged victim, suspect or witnesses and includes that all efforts are documented in a written report. Those allegations where the investigation identifies potential criminal conduct shall be referred for prosecution. It also addresses the departure of the alleged abuser is not a reason to stop the investigation.

The policy complies with all aspects of the standard. There is a system in place to conduct investigations of sexual abuse and sexual harassment once identified by the Facility PREA Investigator.

Standard

§115.272 – Evidentiary standards for administrative investigations

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 130.1, 135.1 and 861.1 state that a preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt in an investigation. The policies meet the requirement of the standard.

Standard

§115.273 – Reporting to resident

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 030.4 requires the SIU to notify the Facility Unit head as to the determination of any allegation.

Policy 038.3 requires that at the conclusion of an investigation the investigator in charge shall inform the diverttee as to the determination using the Diverttee PREA Allegation Letter, and requires notification of certain information if the allegation was against staff or another diverttee, as per the standard.

Standard

§115.276 – Disciplinary sanctions for staff

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 130.1 details consequences of staff and diverttee relationships. In the event of sexual misconduct, termination is the presumptive disciplinary action for those who have engage in sexual abuse. Additionally, if the staff member resigns before conclusion and eventual termination, the incident shall be report to any relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal.

Policy 135.1 advises staff of the requirement for any violation of the sexual abuse or sexual harassment policies to be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal.

Standard**§115.277 – Corrective action for contractors and volunteers****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 027.1 details possible grounds for volunteer dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with divertees and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer.

Policy 130.1 details possible grounds for volunteer or contractor dismissal if they fail to comply with DOC procedures, federal or state laws, or unit rules. Any volunteer who engages in sexual abuse shall be prohibited from contact with divertees and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. It additionally allows for remedial measures in case of other violations of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

The agency policy meets all of the requirements of the standard in regards to corrective action for contractors and volunteers. There have been no instances of a volunteer or contractor dismissed under this standard.

Standard**§115.278 – Disciplinary sanctions for residents****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 820.2 requires that any divertee who is found guilty of a disciplinary or criminal offense for sexual abuse shall be offered therapy, counseling or other interventions, if those services are offered at the facility. Divertees that do not comply with required services shall be charged in accordance with Policy 861.1 or .2.

Policy 861.1 details the Disciplinary Hearing Procedure that encompasses the requirements of the standard in full. There is consideration given based on the identification of any mental disabilities or mental illness and the requirement of participation in various therapy or counseling sessions. Should the investigation find that an unfounded allegation was made in good faith, the divertee cannot be disciplined. All findings of consensual sexual contact between a divertee and a staff member shall not be disciplined.

The policies contain all requirements of the standard. There have not been any divertee on divertee sexual abuse or staff on divertee sexual abuse reported during the past twelve months that required disciplinary sanctions for divertees.

Standard**§115.282 – Access to emergency medical and mental health services****Overall Determination:**

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 075.1 requires that if no medical or mental health staff is on duty when there is an allegation, that the first responders shall take preliminary steps to protect the victim and contact the facility’s designated medical and mental health practitioner.

Policy 720.4 requires emergency services to be provided regardless if the victim identifies the subject or cooperates with any portion of the investigation.

Policy 720.7 provides for emergency services in a timely, unimpeded manner; as well as the requirements for emergency contraception and STD treatment. All of this is offered at no cost to the divertee. There were no reports of emergency medical or mental health services during the past twelve months that were needed due to any substantiated cases of rape.

Standard

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

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 720.7 requires the medical and mental health evaluation and treatment, as appropriate, to all divertees who have been victimized in any institutional setting. This shall include assessment, treatment plans, follow-up services and referrals. These services shall be provided at a level consistent with community care. Victims of sexual abuse while incarcerated shall be offered STD testing and treatment, as appropriate. All treatment services offered under this policy shall be free of charge to the victim regardless of the identification of the perpetrator or cooperation in any investigation.

Policy 720.4 addresses the requirement that all emergency and ongoing treatment for victims of sexual abuse while incarcerated shall be offered free of cost to the victim.

Standard

§115.286 – Sexual abuse incident reviews

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.1 requires a Review Team shall be conveyed to review all instances of sexual abuse and sexual harassment. The review shall begin as soon as possible after completion of the investigation, and a formal report shall be submitted within seven days. The policy addresses members of the review team and the specifics as required by the standard.

The policy addresses all requirements of the standard. There is a specific form, Report of Incident Review, which is required to be completed and contains all elements of the standard.

Standard

§115.287 – Data collection

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 addresses the collection of accurate and uniform data for every allegation of sexual abuse at facilities under their direct control. The collection shall also include any privatized facility that is contracted by the agency.

The state agency collects information from all facilities regarding allegations of sexual abuse utilizing a standardized instrument. This system for collection of information is used to assist in the preparation of the DOJ Survey of Sexual Violence, as well as assisting the agency in addressing trends and the need for corrective action.

Standard

§115.88 – Data review for corrective action

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 038.3 identifies a data review process with corrective action. The review includes identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings and corrective actions for each facility – and as a whole for the agency. Policy requires a comparison of the current data with prior years, and that this report is made public through the agency website. Redaction of certain information is made along with a statement about the nature of the material redacted.

The policy addresses all requirements of the standard, including identification of corrective actions for each facility, as well as the agency as a whole. This report is available on the agency website.

Standard

§115.289 – Data storage, publication, and destruction

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 025.3 addresses retention of records for 10 years after the date of the initial collection and that data must be under the direct control of the agency.

AUDITOR CERTIFICATION:

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

October 6, 2014

Date