

PREA Facility Audit Report: Final

Name of Facility: Patrick Henry Correctional Unit 28

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/29/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Paul Perry	Date of Signature: 10/29/2021

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Email:	paul.perry@carolinedf.org
Start Date of On-Site Audit:	10/13/2021
End Date of On-Site Audit:	10/13/2021

FACILITY INFORMATION	
Facility name:	Patrick Henry Correctional Unit 28
Facility physical address:	18155 A. L. Philpott Hwy, Ridgeway, Virginia - 24148
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jordan Nester
Email Address:	jordan.nester@vadoc.virginia.gov
Telephone Number:	276-957-7816

Warden/Jail Administrator/Sheriff/Director	
Name:	Joseph Bateman
Email Address:	joseph.bateman@vadoc.virginia.gov
Telephone Number:	276-957-7795

Facility PREA Compliance Manager	
Name:	Jordan Nester
Email Address:	jordan.nester@vadoc.virginia.gov
Telephone Number:	O: 276-957-2234

Facility Health Service Administrator On-site	
Name:	Elaine Pace
Email Address:	elaine.pace@vadoc.virginia.gov
Telephone Number:	276-957-7813

Facility Characteristics	
Designed facility capacity:	138
Current population of facility:	133
Average daily population for the past 12 months:	123
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	23-64
Facility security levels/inmate custody levels:	1
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	44
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Virginia Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	6900 Atmore Drive, Richmond, Virginia - 23225
Mailing Address:	P.O. Box 26963, Richmond, Virginia - 23261
Telephone number:	804-674-3000

Agency Chief Executive Officer Information:	
Name:	Harold Clarke
Email Address:	Harold.Clarke@vadoc.virginia.gov
Telephone Number:	804-887-8080

Agency-Wide PREA Coordinator Information			
Name:	Tammy Barbetto	Email Address:	tammy.barbetto@vadoc.virginia.gov

AUDIT FINDINGS

Narrative:

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

The Virginia Department of Corrections contracted with PREA Auditors of America, 14506 Lakeside View Way, Cypress, TX 77429 for Prison Rape Elimination Act audit services of the Patrick Henry Correctional Unit. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Patrick Henry Correctional Unit's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit conducted at the Virginia Department of Corrections' Patrick Henry Correctional Unit. The facility was last audited in December 2018.

A notice was sent to the agency's PREA Coordinator to post in all facility areas. The notice contained information and an address, informing offenders how to confidentially contact the Auditor prior to arriving on site. The notice was emailed in an English and Spanish version. The notice informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted by staff on September 7, 2021 in all offender housing units and support areas. The Auditor received no correspondence from an offender before arriving at the facility. No offender specifically requested to speak with the Auditor during the onsite visit.

The Auditor received the Patrick Henry Correctional Unit's completed Pre-Audit Questionnaire through the Online Audit System (OAS). The Auditor began reviewing the PHCU Pre-Audit Questionnaire on September 14, 2021. The information uploaded by the regional analyst included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, staffing plan, population reports, investigative report, Memorandums of Understanding, copies from offender medical and central records, contracts, and handbooks.

Once a contract between PREA Auditors of America and the VADOC was signed, the Auditor communicated with the PREA Coordinator and Regional PREA/ADA Analyst through email. Prior to arriving on site the Auditor requested staff and offender records for review. The PREA Coordinator and Regional PREA/ADA Analyst maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. The Auditor maintained communications with the PREA Coordinator and Regional PREA/ADA Analyst prior to arriving on site and after leaving the facility, while finalizing the audit.

The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The agreement provides emotional support services for offender victims of sexual abuse. The Auditor familiarized himself with the Memorandum of Understanding and communicated through telephone with a victim advocate from the VSDVAA. The telephone interview occurred while auditing another VADOC facility during this audit cycle. Details of the telephone interview are provided in the applicable sections within this report.

The Auditor observed forensic examinations occur at a local hospital. The Auditor contacted the SANE by telephone. The Auditor discussed the specifics of forensic services offered to offender victims of sexual abuse. The telephone interview provided an understanding of the level and scope of services provided to victims of sexual abuse. Details of the telephone interview are provided in the applicable sections of this report.

The Auditor conducted a review of the Virginia Department of Corrections website (<https://vadoc.virginia.gov/>). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's zero-tolerance policy and investigative information, PREA audit reports, PREA reporting information, PREA handout, contact information and annual reports. The agency provides the public access to its Prison Rape Elimination Act policy. The Auditor arrived at the Patrick Henry Correctional Unit the morning of October 13, 2021. A meeting with key personnel was held by the Auditor prior to beginning the onsite portion of the audit. The following personnel were in attendance:

- Tammy Barbetto - PREA/ADA Supervisor (PREA Coordinator)
- Misty Counts - Western Region PREA/ADA Analyst
- Joseph Bateman - Warden
- Scott Terry - Major
- Connie Hairston - Lieutenant
- Dion Yellock - Lieutenant
- Jordan Nester - PREA Compliance Manager

The Auditor introduced himself and explained the audit process with key staff. After the briefing, the Auditor was offered a tour of the facility. The Auditor was accompanied by facility and regional staff on the facility tour. Prior to conducting the facility tour the Auditor informed the group he will not be conducting informal interviews with staff or offenders. The Auditor chose not to conduct such interviews to mitigate the

risk of COVID-19. After completion of the tour the Auditor was provided a private area to conduct interviews and review documentation.

Staff allowed the Auditor full access to all areas in the Patrick Henry Correctional Unit. The tour included visits to outside perimeter buildings, administration, receiving, electrical school, medical, kitchen, housing units, basement (dayroom) and visitation. During the tour the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera and mirror placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff performing security rounds, interacting with the offender population, foodservice operations, offenders working in food service and staff making opposite gender announcements. The Auditor observed offenders inside and outside of housing units. All offender restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing the offenders fully naked.

The Auditor conducted a review of supportive documentation provided by the PREA Coordinator, Regional PREA/ADA Analyst and PREA Compliance Manager. Supportive documentation included, but was not limited to, policies and procedures, staffing plan, handbooks, brochures, training records, employee records, medical records, classification records, investigative reports, and logbooks. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review and reporting.

In addition to the records provided prior to arrival, the Auditor requested additional supportive records from the PREA Compliance Manager and Regional PREA/ADA Analyst. The Auditor requested 19 randomly chosen and 1 targeted offender medical and classification records, all staff, contractor and volunteer training records, and 30 HR records. At the time of the audit there was one offender incarcerated at the facility who met the criteria for a targeted interview with the Auditor. All offender records requested by the Auditor coincided with the offenders chosen for random and targeted interviews. The Auditor requested additional offender records to review offender education, risk screenings and reassessments, . The Auditor visited with staff from day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen offenders. The facility provided a private office for the Auditor to conduct interviews. The office did not have audio monitoring capabilities and was located where staff and other offenders were unable to observe or overhear the information exchanged between the Auditor and offenders being interviewed. The auditor randomly chose 19 offenders and specifically chose 1 offender for formal interviews. The offender specifically chosen for an interview was identified as Limited English Proficient. At the time of the audit there were no offenders identified as blind, deaf, physically or mentally impaired, gay, bisexual, transgender, intersex, who reported an allegation at the facility, or who disclosed previous victimization during the booking process. The PHCU does not house youthful offenders.

During random interviews the Auditor did not discover any offender who identified as bisexual, gay, transgender or intersex. None of the offenders interviewed had reported an allegation and no offender disclosed previously suffering sexual victimization at the time of booking. The Auditor discovered on offender felt vulnerable to sexual victimization and two offenders reported they had previously been diagnosed with a mental disorder. All offenders chosen for interview were selected from each of the facility's housing units. A relative sample of offenders was chosen from the facility's population.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 12 staff members and specialized interviews with 12 staff members. Several staff members perform the duties of multiple roles in the facility. Specialized interviews were conducted with risk screening staff, intake, classification, medical and mental health, institutional and criminal investigators, intermediate and higher level staff, retaliation monitor, incident review team, contractor, volunteer, Human Resources, security and non-security first responders, PREA Compliance Manager and Warden. Formal staff interviews were conducted in a private area. The Auditor concluded the onsite portion of the audit on September 13, 2021 in an exit meeting with the following personnel in attendance:

- Roger Walz - Western Region Operations Manager
- Tammy Barbetto - PREA/ADA Supervisor (PREA Coordinator)
- Misty Counts - Western Region PREA/ADA Analyst
- Joseph Bateman - Warden
- Scott Terry - Major
- Connie Hairston - Lieutenant
- Jordan Nester - PREA Compliance Manager

The Auditor informed the group the on-site portion of the audit was completed. The group was informed the Auditor needed to continue reviewing provided documentation after leaving the facility. Staff were informed the Auditor may request copies of additional documents within the coming weeks. The Auditor informed key personnel staff and offenders were receptive and respectful to the Auditor while on site. The offender population appeared educated and facility staff appeared well trained. The Auditor informed the group there were no immediate findings while on site. The group was informed the population feels safe in the facility and offenders have full confidence in the staff's abilities. The Auditor informed the group the population spoke "highly" of facility staff. There were no complaints addressed with the

Auditor by the offender populaton.

On the first day of the audit there were 118 adult male offenders incarcerated at the Patrick Henry Correctional Unit.

AUDIT FINDINGS

Facility Characteristics:

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

The Patrick Henry Correctional Unit (PHCU) is located in Ridgeway, Virginia. The facility is in the south western portion of Virginia and is an approximate 10 minute drive to the North Carolina State line and an hour drive south from Roanoke, Virginia. The Patrick Henry Correctional Unit maintains two buildings inside the secure perimeter. The facility sits on approximately 87 acres of land and serves as a work camp. The rated capacity is 138 adult male offenders. The facility has two towers and is protected with two security fences that are reinforced with razor wire. The PHCU has an agricultural area outside the secure perimeter where offenders grow food for the population.

The facility's administration building is located outside the secure perimeter. The main building in the secure perimeter includes the facility's housing units. There are two housing units known as A and B. Both housing units have the same design and capacity. The housing units are open bay style with single and double bunked beds. Each housing unit has a capacity of 69 offenders. There are cameras that monitor offender activity in each housing unit. Offenders in the unit have access to televisions, telephones, water fountains, microwave, and kiosk. There are no showers located in the housing units. Restrooms are adjacent to the unit and are protected from view with a 1/2 wall and saloon style doors. Cameras in the housing units do not view into the restroom areas.

Outside the housing units is the officer's station (landing). The officer has a clear line of sight into each housing unit. The Auditor verified the officer cannot see offenders naked while utilizing the restroom. Adjacent to the landing is an entrance to four holding cells. There are two individual holding cells to the left of the hallway and two to the right. Each holding cell has a toilet and sink inside. There are no cameras that view into the holding cells. The hallway to the holding cells has a camera. The Patrick Henry Correctional Unit does not have a Restrictive Housing Unit.

The entrance to the facility's kitchen is located adjacent to the housing units landing. The kitchen has a dining hall where offenders consume meals. There is a serving line, cook area, prep area, restroom, dishwashing area, ice room, dry storage and one walk-in refrigerator with two walk-in freezers inside. The restroom has a locked door that is controlled by staff. Food service operations are performed by one PHCU staff member who supervises 10 to 12 offender workers. The staff allow only one offender in the walk-in and dry storage areas unless under direct supervision. There is a camera in the dining hall. No cameras monitor activities in the food service area. The facility has placed mirrors in the kitchen to allow staff to view into blind spots. There is a staff dining hall adjacent to the kitchen.

The facility has a strip-search area adjacent to the housing unit landing. The strip-search area does not have a camera inside. Offenders can be searched in the strip-search area without other staff or offenders being able to see the offender being strip-searched. The opposite side of the housing unit landing is the entrance to basement of the main building.

The basement area has a dayroom with televisions, seating, tables, telephones, kiosk, video visitation, lockers, and pool tables. Each housing unit has access to the basement at separate times. There is one camera that views into the dayroom. All offenders shower in the adjacent shower area. The entrance to the shower is protected with a saloon style door. Offenders are able to shower without staff of the opposite gender seeing the offender fully naked. There is a restroom area adjacent to the dayroom. There is a 1/2 wall that protects the view into the restroom.

The basement area has a barbershop, three classrooms, and a library with two computers. The library is monitored with a camera and a mirror has been strategically placed to allow staff to see into the library. The facility's laundry room is located in the basement. Only one offender works in the laundry room. There are no cameras in the laundry room. The facility has installed a mirror to allow staff to see into the laundry room. The property room and storage room is located adjacent to the laundry room. There is a mirror installed in the storage room.

The facility has a small medical office located inside the entrance to the main building. The office has an examination table. Medical services are provided by one VADOC Registered Nurse. The RN works Monday through Friday during normal business hours. The physician visits the facility once every two weeks. Mental health services are provided by a mental health practitioner from the Green Rock Correctional Center.

The other building located within the secure perimeter is known as the Electrical School. The school is operated by one VADOC staff member who currently teaches 7 offenders. A security staff member remains in the school while offenders are inside. There is an area where offenders learn and practice electrical work and one classroom. The school has a locking restroom that is controlled by staff. One camera monitors offenders in the Electrical School.

The facility's visitation area is located in the basement of the administration building. The visitation has a kiosk, water fountain, vending machines, a seating area and a restroom. There is one camera that monitors offenders and visitors. The facility has installed mirrors to assist staff viewing all areas of the visiting room. Offenders are authorized to participate in a one hour visit with family and friends.

Offenders have access to an outdoor recreational area located behind the main building. While offenders are participating in recreational

activities the facility staffs one tower to supervise recreation.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	44
Number of standards not met:	0

The Auditor determined the Virginia Department of Corrections has developed appropriate policies and procedures that aid in the prevention, detection and response to sexual abuse and sexual harassment. The agency has incorporated its policies and procedures into training curriculum and lesson plans. The Auditor found staff at the Patrick Henry Correctional Unit appear to be well trained and have retained information provided through agency training efforts. The Auditor conducted formal interviews with staff and determined staff understands their responsibilities in the agency's policies and procedures regarding the prevention, detection and response towards acts of sexual abuse and sexual harassment. Staff interviewed by the Auditor understand their roles as first responders following an incident of sexual abuse and sexual harassment.

The Auditor determined the facility has been successful in developing a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. All offenders interviewed by the Auditor feel staff take incidents of sexual abuse seriously in the facility and are confident in staff's abilities to keep them protected from acts of sexual abuse. The Auditor discovered the facility's command staff support its staff in the prevention, detection and response efforts. Command staff are involved in the day-to-day operations of the facility to ensure compliance with agency policies and relevant standards. Command staff conduct routine unannounced rounds throughout the facility to deter acts of sexual abuse and sexual harassment. All staff interviewed by the Auditor, to include upper-level staff, appear to have a proactive approach towards compliance with PREA standards.

The facility has educated the offender population in the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. The Auditor determined the facility is providing written information and effective comprehensive education to each offender upon intake. Offenders informed the Auditor they had seen the comprehensive educational video multiple times. The facility provides readily available information to offenders by posting materials in housing units, support areas, through handouts, and the PHCU Inmate Orientation Handbook. The Auditor observed staff interactions with the offender population while on site. All interactions observed by the Auditor were professional and appeared as if staff have developed appropriate working relationships with the population. Each offender interviewed stated they feel safe in the facility. The population informed the Auditor they are treated with respect by facility staff. The Auditor was informed staff are quick to respond to any incidents or alleged incidents in the facility.

The Auditor conducted a review of files and other supporting documents, and formally interviewed facility staff. The review revealed facility personnel are documenting actions in accordance with agency policies and procedures related to sexual abuse and sexual harassment. Formal interviews with staff revealed they are knowledgeable in the policies and procedures to prevent, detect and respond to incidents of sexual abuse and sexual harassment. Staff appear to have embraced the intent of the PREA standards. Staff interviewed by the Auditor appear to be considerate to the requests and needs of the population; interviews with offenders confirmed such.

PHCU staff are appropriately screening each offender upon arrival to determine their level of risk for abusiveness or victimization. The risk screening allows Counselors to identify such offenders and ensure they are protected from sexual abuse when determining housing, programs, education and work opportunities. Medical and mental health practitioners screen all new offender arrivals in the agency. The facility is conducting a reassessment of each offender within 21 days of arrival, after an incident of sexual abuse, referral and/or upon receiving additional information that bears on the offender's level of risk. Counselors and the PCM understand the requirement to conduct a review of all transgender and intersex offender placements at least every 6 months.

The Auditor found each agency and facility investigator has been trained to conduct sexual abuse and sexual harassment investigations in confinement settings. Investigators understand how to conduct appropriate investigations following an allegation of sexual abuse and sexual harassment. Facility investigators understand the requirement to refer all criminal acts of sexual abuse to the Special Investigations Unit for criminal investigation. Policy requires investigations be objective and are conducted promptly and thoroughly. The PREA Compliance Manager is required to inform offenders of investigative determinations at the conclusion of each investigation. Within 14 days of the conclusion of an investigation the facility conducts an incident review following all allegations, unless unfounded. The incident reviews are conducted to improve any deficiencies discovered during the response and investigative practices following an incident of sexual abuse. Investigators are documenting their actions and findings in appropriately written investigative reports. The agency has created a formatted investigative report that ensures investigators include all information required in the PREA standards.

The Auditor determined the facility meets all standards and recommended no formal corrective action period required to comply with any provision of the PREA standards. The Auditor observed the facility has proactively installed mirrors in locations that allow staff to view into previously identified blind spots. In order to gain clear sight through the mirrors staff have to be close to the mirrors. The facility would benefit by adding cameras into areas where mirrors have been installed. Several areas in the facility have stationary cameras that do not view the area in its entirety. The addition of cameras on the opposite end of those areas would reduce blind spots and increase security. The Auditor determined the agency has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment.

The Auditor determined the facility exceeds standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator. The agency employs a PREA Coordinator and Regional PREA ADA/Analyst. Each agency facility appoints a PREA Compliance Manager. The facility has successfully created a zero-tolerance culture within the population and agency staff. The Auditor felt the command and line level staff make the prevention, detection and response to sexual abuse and sexual harassment a priority within the facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 398">The Virginia Department of Corrections has an established policy that the Department of Corrections has a zero tolerance for all forms of sexual abuse and sexual harassment. The policy strictly prohibits any fraternization and sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders. The VADOC policy includes its prevention, detection, reporting and response strategies. The Prison Rape Elimination Act policy includes definitions of the following:</p> <ul data-bbox="280 450 507 745" style="list-style-type: none"> • Abuse • Carnal Knowledge • Fraternization • Rape • Sexual Abuse • Sexual Assault • Sexual Harassment • Sexual Misconduct • Voyeurism <p data-bbox="240 775 1489 869">The Auditor observed the agency has included its approach towards prevention, detection and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's Prison Rape Elimination Act policy:</p> <ul data-bbox="280 920 847 1317" style="list-style-type: none"> • Offender Training • Employee and Volunteer Training • Employee, Contractor and Volunteer Screening • Offender Screening and Use of Screening Information • Responsibilities for Offenders • Responsibilities for Staff • Written Institutional Response Plan • First Responder Duties • Investigations • Reporting to Offenders • Protections against Retaliation • Management of Sexual Aggressors <p data-bbox="240 1346 1489 1541">The agency's policy stipulates the Director has designated a PREA/ADA Supervisor as the statewide PREA Coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The policy also dictates Regional PREA Analysts have been designated to oversee facility efforts and to direct facility PREA activities within their assigned region. Each Facility Unit Head has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.</p> <p data-bbox="240 1570 1489 1697">The Patrick Henry Correctional Unit has designated an officer responsible for duties of the PREA Compliance Manager. The Compliance Manager reports all PREA related information and compliance issues to the Regional PREA Analyst. The Regional PREA Analyst reports directly to the PREA/ADA supervisor. The Patrick Henry Correctional Unit is located in the Western Region.</p> <p data-bbox="240 1727 491 1753">Evidence Relied Upon:</p> <p data-bbox="240 1783 767 1809">Policy - 038.3 Prison Rape Elimination Act, pg. 3, 15</p> <p data-bbox="240 1839 1145 1865">Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p data-bbox="240 1895 501 1921">Inter Office Memorandum</p> <p data-bbox="240 1951 539 1977">VADOC Organizational Chart</p> <p data-bbox="240 2007 523 2033">PHCU Organizational Chart</p> <p data-bbox="240 2063 948 2089">VADOC Work Description and Performance Plan - PREA/ADA Analyst</p> <p data-bbox="240 2119 979 2145">VADOC Work Description and Performance Plan - PREA/ADA Supervisor</p>

PREA Key Contacts List

Staff Interviews

Offender Interviews

Analysis/Reasoning:

The Auditor conducted a review of Virginia Department of Corrections policies. The Auditor observed the agency policy includes its prevention, detection and response approaches towards sexual abuse and sexual harassment of offenders. The policy includes definitions of abuse, carnal knowledge, fraternization, rape, sexual abuse, sexual assault, sexual harassment, sexual misconduct, and voyeurism. The agency's policy includes sanctions for those found to have violated the agency's sexual abuse and sexual harassment policies and procedures. The VADOC has a clear policy that states, "The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders [and] DOC has zero tolerance for offender-on-offender sexual harassment, assault, or abuse."

The Auditor reviewed the agency organizational chart. The VADOC has an Organizational Chart that outlines the position of the PREA coordinator and regional PREA/ADA Analyst. Each facility appoints a PREA Compliance Manager while the PREA/ADA Analyst works with PREA Compliance Managers and oversees PREA efforts in their assigned region. The Patrick Henry Correctional Unit appointed an officer as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Lieutenant and PREA/ADA Analyst for PREA related issues or concerns.

The Auditor discussed the ability to develop, implement and oversee agency PREA efforts with the PREA Compliance Manager. The Auditor determined the PREA Compliance Manager has sufficient time and authority to oversee facility efforts to ensure compliance at the facility. The PREA/ADA Analyst and PREA Compliance Manager responded quickly to the Auditor's questions and requests during and after the Auditor conducted the site visit. The PREA Compliance Manager and PREA/ADA Analyst are knowledgeable with agency and facility policies and requirements of the Prison Rape Elimination Act.

The PREA Coordinator is employed at a level to enact change regarding PREA related compliance. The PREA Coordinator issued an Interoffice Memorandum in August 2012 to all Wardens and Superintendents. The memorandum stipulates each facility must designate an institutional employee as the PREA Compliance Manager. The memorandum further explains the person named as the PREA Compliance Manager should have sufficient time to act as the contact person for the Regional PREA/ADA Analyst gathering information, prepping compliance documents or coordinating changes. The PREA Coordinator informed Wardens and Superintendents the core responsibilities of the PREA Compliance Manager is to coordinate the facility's PREA efforts in conjunction with the requirements of the PREA standards as directed by the Unit Head or designee. The Auditor observed the PREA Compliance Manager is responsible for:

- Maintaining necessary documentation of all PREA standard compliance efforts;
- Act as the primary facility contact for the PREA Analyst in coordinating compliance;
- Ensure compliance with all PREA relative departmental, ACA and/or governing authorities policies and procedures; and
- Provide regular feedback to the Unit Head and Regional PREA Analyst concerning policies, procedures, or practices that are not in compliance with the PREA standards.

A review of Work Description and Performance Plans reveal the agency has outlined PREA compliance related duties and responsibilities for the PREA Coordinator, Regional PREA/ADA Analysts, and PREA Compliance Managers. The plans specify the duties at each specific level and include the employee's immediate supervisor. The Auditor clearly established the chain of command allows each staff member in a PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses.

The agency's Intranet system includes the contact information for the PREA Coordinator and each Regional PREA/ADA Analyst. The Key Contacts page lists the staff member's name, title, telephone number and email address. All VADOC personnel have access to the Key Contacts information in the system.

The Auditor conducted formal interviews with offenders. Interviews with offenders reveal the population is confident in staff's ability to respond to allegations of sexual abuse and sexual harassment. The offender population appeared to be well educated in the agency's sexual abuse information included in the educational session. Each offender stated they have seen the PREA video and was provided written information upon their arrival. Some offenders stated they have watched the video multiple times. Each offender interviewed informed the Auditor staff are very professional and treat them with respect. Each offender was asked if they felt safe in the facility. Each offender interviewed stated they do feel safe in the facility. Every offender interviewed by the Auditor felt comfortable reporting an allegation directly to a staff member.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff had been trained and retained the knowledge provided through agency and facility level training. Each staff member understands the agency's policies and procedures for preventing, detecting and responding to sexual abuse and sexual harassment. Each staff member has been trained within the previous 12 months. The Auditor was informed the agency trains its staff and contractors on an annual basis. Staff informed the Auditor the Shift Commanders routinely discuss the agency's PREA policies during shift briefings.

PHCU command staff maintain an "open-door" policy. Staff stated they feel comfortable approaching command staff to report issues, if needed. The Auditor was informed the facility's command staff are supportive of staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The agency requires upper-level staff conduct regular tours throughout the facility. Offenders informed the Auditor they routinely see supervisors touring the housing units.

Conclusion:

The Auditor conducted a thorough review of the agency's policies, procedures, organizational charts, PREA Key Contacts, inter office memorandum, Employee Work Profiles and conducted interviews with staff and offenders. The Auditor determined the Virginia Department of Corrections has developed an appropriate zero-tolerance policy that includes its prevention, detection and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient authority and effort to develop, implement and oversee agency efforts. Though not required, the agency employs several Regional PREA/ADA Analysts to supervise PREA compliance in an assigned region. The PHCU has been successful at fostering a zero-tolerance culture in the facility. The Auditor determined the VADOC exceeds the requirements of this standard.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1477 465">The agency has a policy that requires all contracts for the confinement of DOC offenders include in any new contract, or contract renewal the entity's obligation to adopt and comply with Prison Rape Elimination Act standards. The policy requires contracts include a provision for contract monitoring to ensure the contractor is complying with the Prison Rape Elimination Act standards. There is a provision in the agency's policy that allows the VADOC to enter into a contract with an entity that fails to comply with PREA standards only in emergency circumstances. In the event, the agency is required to document all reasonable failed attempts to find a private agency or other entity in compliance with the PREA standards.</p> <p data-bbox="242 497 489 526">Evidence Relied Upon:</p> <p data-bbox="242 555 730 584">Policy - 038.3 Prison Rape Elimination Act, pg. 4</p> <p data-bbox="242 611 826 640">Policy - 260.1 Procurement of Goods and Services, pg. 10</p> <p data-bbox="242 667 341 696">Contracts</p> <p data-bbox="242 723 435 752">Contract Renewals</p> <p data-bbox="242 779 604 808">Quarterly Facility Site Visits Reports</p> <p data-bbox="242 835 716 864">Lawrenceville Correctional Center Audit Report</p> <p data-bbox="242 896 466 925">Analysis/Reasoning:</p> <p data-bbox="242 954 1489 1115">The Virginia Department of Corrections contracts for confinement of its inmates with GEO Corrections & Detention, LLC. The GEO Group operates a private prison in Lawrenceville, Virginia. The prison is designed to hold up to 1,536 offenders for the Virginia Department of Corrections. The auditor reviewed the PREA Audit report of the Lawrenceville Correctional Center. The facility was last audited in November 2019. The Lawrenceville Correctional Center was found to have exceeded 9 standards and met the requirements of all additional standards.</p> <p data-bbox="242 1144 1469 1274">The Auditor reviewed the contract between the Virginia Department of Corrections and GEO Corrections & Detention, LLC. The Auditor reviewed the contract entered in March 2013 and all contract extensions and renewals since 2013. Each included provisions for the GEO Group to adopt and comply with the Prison Rape Elimination Act standards. The Auditor observed a provision in contracts that allows the VADOC to monitor GEO's compliance with PREA standards.</p> <p data-bbox="242 1303 1469 1500">The Eastern Regional PREA/ADA Analyst conducts quarterly site visits at the Lawrenceville Correctional Center to monitor for compliance with the Prison Rape Elimination Act standards. The analyst completes a report following the site visit. The Quarterly Facility Site Visit Report requires the analyst document findings related to each PREA standard. The Virginia Department of Corrections staffs a VADOC person onsite at the Lawrenceville Correctional Center. The VADOC staff member monitors the agency contract with GEO. The Contract Monitor is empowered to address concerns with the GEO Group's compliance with the Prison Rape Elimination Act.</p> <p data-bbox="242 1529 1461 1659">The Virginia Department of Corrections houses inmates in local and regional jails across the state. There is no written agreement between the facilities and the Virginia Department of Corrections. Virginia Code allows for the confinement of VADOC inmates in those facilities. Each facility confining VADOC inmates is required to adopt and comply with the Prison Rape Elimination Act of 2003.</p> <p data-bbox="242 1688 375 1718">Conclusion:</p> <p data-bbox="242 1747 1484 1877">The Auditor reviewed agency policies, contracts, contract renewals with the GEO Group, Quarterly Facility Site Visits Reports, and the Lawrenceville Correctional Center PREA Audit Report. Agency contracts and renewals for the confinement of VADOC offenders include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Virginia Department of Corrections meets the requirements of this standard.</p>

115.13	Supervision and monitoring
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1469 398">The Virginia Department of Corrections has a policy that requires each facility in the agency make its best efforts to comply with a staffing plan that provides for adequate levels of staffing and video monitoring in an effort to protect offenders from sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:</p> <ul data-bbox="282 452 1398 846" style="list-style-type: none"> • Generally accepted detention and correctional practices; • Any judicial findings of inadequacy; • Any findings of inadequacy from Federal investigative agencies; • Any findings of inadequacy from internal or external oversight bodies; • All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); • The composition of the offender population; • The number and placement of supervisory staff; • Institutional programs occurring on a particular shift; • Any applicable State or local laws, regulations, or standards; • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. <p data-bbox="240 878 1481 1102">Policy requires the Facility Head or designee review their existing staffing plan for the facility by January 31 of each year. When circumstances arise where the staffing plan is not complied with, the Facility Unit Head or designee must document and justify all deviations from the facility's staffing plan. If the annual review finds the facility is not staffed in accordance with the staffing plan, the facility is required to provide a comprehensive written explanation to the Regional Operations Chief and provide possible solutions to increase facility staffing levels. The comprehensive explanation must also be forwarded to the Regional PREA Analyst. The annual staffing plan review is conducted to assess, determine, and document whether adjustments are needed to:</p> <ul data-bbox="282 1155 1235 1249" style="list-style-type: none"> • The facility's established staffing plan; • The facility's deployment of video monitoring systems and other monitoring technologies; and • The resources the facility has available to commit to ensure adherence to the staffing plan. <p data-bbox="240 1281 1490 1473">Agency policy requires facility Administrative Duty Officers (ADO) visit the facility at least once during the week of duty at a time other than the staff member's normal working hours and days. Policy requires the visits occur at different times and days so that over several weeks of duty, each ADO will have visited the facility during all shifts and on all days. The ADO is required to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds are required to be made intermittently during the month and scheduled in a 24 hour period. ADOs are required to document the unannounced rounds in the ADO Logbook or the Facility Unit Head/ADO Rounds Report.</p> <p data-bbox="240 1505 1481 1563">Agency policy prohibits any staff member from alerting other staff that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.</p> <p data-bbox="240 1594 488 1621">Evidence Relied Upon:</p> <p data-bbox="240 1653 932 1680">Policy - 401.1 Development and Maintenance of Post Orders, pg. 4-5</p> <p data-bbox="240 1711 612 1738">Policy - 401.2 Security Staffing, pg. 8</p> <p data-bbox="240 1769 767 1796">Policy - 401.3 Administrative Duty Coverage, pg. 4-5</p> <p data-bbox="240 1827 443 1854">PHCU Staffing Plan</p> <p data-bbox="240 1886 523 1912">PHCU Staffing Plan Review</p> <p data-bbox="240 1944 418 1971">PHCU Post Audit</p> <p data-bbox="240 2002 432 2029">Daily Duty Rosters</p> <p data-bbox="240 2060 411 2087">PREA Logbooks</p> <p data-bbox="240 2119 448 2145">Interviews with Staff</p>

Interviews with Offenders

Observations

Analysis/Reasoning:

The Auditor reviewed the PHCU Post Audit. The post audit is developed to ensure appropriate staffing levels are determined. The most recent post audit determined 35 full time staff are required to man all posts in the facility. The post audit ensures there is sufficient security staffing to safely manage the offender population. The facility's staffing plan allows for 44 staff. There are 36 security and 8 non-security positions for the Patrick Henry Correctional Unit. At the time of the audit the facility had 2 vacant security and 2 vacant non-security positions. The plan includes justifications for vacant positions in the facility. The most common reasons for deviations from the staffing plan documented in the review are:

- Staff on annual leave
- Mandatory training
- Staff utilizing sick leave
- Pandemic related leave

The facility's review included a statement that all Bona Fide Occupational Qualification (BFOQ) posts have been removed from the facility's Post Audit. The staffing plan review includes the facility's efforts to comply with the staffing plan. The facility utilizes overtime and/or a draft procedure to fill vacant posts.

The Auditor determined the following staff to offender ratio based on the designed capacity (138) and total authorized positions (44):

- 1 staff member for every 3.1 offenders

The Auditor determined the following staff to offender ratio based on the designed capacity of the facility (138) and the authorized positions in the post audit (35):

- 1 staff member for every 3.9 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders (118) and current number of staff (40):

- 1 staff member for every 2.6 offenders

The following denotes the security staff to offender ratio utilizing the current number of security staff (34) and the current number of offenders (118):

- 1 security staff member for every 3.5 offenders

The staffing plan reviewed by the Auditor includes provisions for administrative, support and security positions on all shifts in each facility area. The facility utilizes overtime through a draft procedure to ensure vacant positions are filled for each shift when needed. The facility's staffing level was maintained at 9% below capacity at the time of the audit. The security staffing level was 6% below capacity at the time of the audit.

The Patrick Henry Correctional Unit operates with two day and two night shifts. The duration of each shift is 12 hours. The Shift Commander has the authority to utilize overtime and/or draft staff to fill vacant positions. The facility attempts to maintain a balance of male and female staff on each shift to ensure appropriate officers are available to search transgender and/or intersex offenders, in the event it receives one. Female staff must be available to search transgender and intersex offenders who have a strip search deviation form designating a female conduct their searches. The facility had no transgender or intersex offender incarcerated during this audit period. Staff informed the Auditor the facility has never housed a transgender offender.

The Auditor reviewed a sampling of Daily Duty Rosters from the previous 12 months. Daily Duty Rosters are completed by each Shift Commander. The Auditor observed Shift Commanders are documenting daily staff vacancies on each shift and account for the vacancies. The Shift Commander documents staff working overtime to fill vacant positions. The Shift Commander notates the reason for staff vacancies in the leave code section of the Daily Duty Roster. The Auditor observed the Daily Duty Roster includes codes for the following vacancy reasons:

- Annual Leave
- Compensation Time Earned

- Compensation Time Taken
- Civil Work Related
- Education Leave
- Family/Personal Leave
- Military Leave
- Other
- Public Health Emergency Leave
- Recognition Leave
- School Assistance & Volunteer Services
- Sick Family Leave
- Sick Personal Leave
- Short Term Disability
- Training
- Workers Compensation
- Leave Without Pay

The Auditor reviewed the Patrick Henry Correctional Unit annual staffing plan review. The staffing plan review was conducted in January 2021. The most current review was conducted and signed by the Western Regional PREA/ADA Analyst and PREA Coordinator. The PHCU review includes considerations of the bulleted topics in the "Auditor Discussion" portion of this standard. The agency requires each facility conduct a review of its staffing each year by the end of January.

The Auditor conducted a formal interview with the Warden. The Auditor asked the Warden to explain the considerations when determining appropriate levels of staffing for the facility. The Warden explained the annual staffing plan review process. The Warden's responses included the bulleted items listed above in the "Auditor Discussion" section of this standard. When asked how the facility documents the reason for non-compliance with the post audit, the Auditor was informed the Shift Commander documents daily deviations on the Daily Duty Rosters and the staffing plan review includes any deviations from the facility's staffing plan. The Warden stated he checks for compliance with the plan by reviewing Daily Duty Rosters, routinely touring the facility, and through meetings with command staff. The Auditor asked the Warden who participates in the post audit review. The Warden informed department heads are involved and the plan is sent to the Regional PREA/ADA Analyst. The review is also sent to the Regional Operations Chief and PREA Coordinator for consideration. The Warden stated the facility is required to conduct the annual review by the end of each January. The most recent review notated vacant positions from the staffing plan.

The Auditor reviewed a sampling of PHCU unannounced rounds documented in PREA Logbooks. The sampling covered each shift from the 12 months prior to the audit. Facility Sergeants, Lieutenants, Major, Administrative Duty Officer, and Warden each conduct unannounced rounds through all facility areas. Unannounced rounds are documented in the PREA Logbook by date and time. Each supervisor initials the logbook after including their name. The Auditor observed unannounced rounds are occurring on each shift at various times throughout the shift in all housing areas and documented in the PREA Logbook. The Auditor reviewed current logbooks while touring the facility. Each area, including exterior buildings, maintained a logbook that included notations of unannounced rounds.

While touring the facility the Auditor observed staff making security rounds in housing units and support areas of the facility. Staff were present in all areas toured by the Auditor. Security personnel were observed interacting with the offender population. The Auditor observed camera placements throughout the facility. Cameras and mirrors were strategically placed to assist in the prevention, detection and response to incidents of sexual abuse. Facility areas that are not monitored by cameras are toured by security personnel. The facility has installed mirrors in strategically placed areas to allow visibility into identified blind spots. The Auditor observed supervisors making unannounced rounds throughout various facility areas, to include housing units.

The Auditor conducted formal interviews with staff and supervisors from different shifts. Staff were asked if supervisors conduct unannounced rounds throughout the facility. Each staff member stated supervisors do make unannounced rounds throughout the facility. Supervisors were asked if they were required to make unannounced rounds. The Auditor was informed they are required to make at least one unannounced round in all facility areas on each shift. Supervisors are required to conduct one unannounced round in exterior areas weekly. Each supervisor was asked how they prevent staff from alerting other staff when they are making unannounced rounds. The Auditor was informed staff are prohibited in their post orders from announcing the rounds. The Auditor was informed staff are trained not to announce supervisory rounds to other staff. Supervisors do not conduct their rounds at the same time and do not take the same route each time. Supervisors stated they do not tell any staff member when they begin their unannounced round. Supervisors stated they do not have a discernable pattern when making rounds throughout the facility. The Auditor was informed the agency's policy prevents staff from alerting other staff when supervisors are making unannounced rounds.

Each supervisor was asked what actions they take if discovering a staff member was caught alerting other staff when supervisors are conducting unannounced rounds. Supervisors informed the Auditor they would verbally counsel the staff member about the importance of the unannounced round. Each was asked what they would do if they caught the person a

second time. Supervisors stated they would recommend formal discipline for the staff member. Each staff member interviewed by the Auditor was aware the VADOC has a policy prohibiting staff from alerting other staff members of supervisory rounds.

The Auditor conducted formal interviews with offenders. Offenders were asked if supervisors announce their presence when entering housing units. Offenders informed the Auditor female supervisors do announce their presence as a female when entering housing units. Male supervisors do not announce their presence when entering units. The Auditor observed PREA Logbooks include a notation of opposite gender announcements for female supervisors.

Conclusion:

The Auditor concluded the facility has an adequate staffing plan and makes its best efforts to comply with the plan to ensure the protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, post audit, staffing plan, staffing plan review, Daily Duty Rosters, PREA Logbooks, interviewed staff, offenders, made observations and determined the facility meets the requirements of this standard.

115.14	Youthful inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 465">The agency has a policy which requires youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Policy requires direct supervision by institutional staff at all times when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. Youthful inmates may be placed in a restrictive housing unit if exigent circumstances require such.</p> <p data-bbox="240 501 488 528">Evidence Relied Upon:</p> <p data-bbox="240 560 871 586">Policy - 425.4 Mangement of Bed and Cell Assignments , pg. 4</p> <p data-bbox="240 618 448 645">Interviews with Staff</p> <p data-bbox="240 676 379 703">Observations</p> <p data-bbox="240 734 464 761">Analysis/Reasoning:</p> <p data-bbox="240 792 1485 1079">The Auditor conducted formal interviews with staff. Staff informed the Auditor the Patrick Henry Correctional Unit does not house youthful offenders. The Auditor interviewed random and specialized staff and discovered no staff had knowledge a youthful offender had been housed at the facility during this audit cycle. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified as an adult. Staff were not aware of any offender housed as such. The Auditor conducted formal interviews with intake and classification personnel. Staff were asked what steps they would take if they discovered a youthful offender was transported to the facility. The Auditor was informed the facility would refuse the offender. The Auditor was informed offender records are screened prior to arrival. A youthful offender would be sent to the Sussex II facility from the reception center. All offenders undergo an intake process at a DOC reception facility. After completion of their intake into the agency, youthful offenders are assigned to the Sussex II facility.</p> <p data-bbox="240 1111 1485 1272">The Auditor conducted a formal interview with a staff member who supervises offenders in the segregated housing unit. The staff member was asked if youthful offenders in the RHU receive access to programming, education, work and recreation opportunities while housed in segregation. The Auditor was informed the facility does not have a segregation housing area. The facility maintains four holding cells. The holding cells are used to temporarily house an offender while waiting transport to another facility. The Warden informed the Auditor offenders in the holding cells are transfered within 24 hours.</p> <p data-bbox="240 1303 1485 1397">While touring the facility the Auditor observed the facility has four holding cells adjacent the the living units. There is no segregation housing unit at the Patrick Henry Correctional Unit. The Auditor found no evidence a youthful offender had been housed in the facility during this audit period.</p> <p data-bbox="240 1429 376 1456">Conclusion:</p> <p data-bbox="240 1487 1171 1545">The Auditor reviewed VADOC policies, procedures, interviewed staff, made observations and determined the facility meets the requirements of this standard.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 533">The VADOC has a policy which prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. When body cavity searches are performed by medical professionals at least one security staff member of the same sex as the offender is required to be present. Policy prohibits cross-gender pat-down searches of female offenders by male security staff except in exigent circumstances. Staff may not deny female offenders access to regularly available programming or other out of cell opportunities for female offenders in order to comply with this standard. Before conducting any cross-gender search, approval must be obtained from the Shift Commander with notification to the Administrative Duty Officer and the Regional PREA Analyst. Policy requires searching staff to complete and submit an Internal Incident Report after conducting a cross-gender search of an offender.</p> <p data-bbox="240 568 1473 689">The VADOC permits female security staff to conduct cross-gender pat-down searches of male offenders. Policy requires all cross-gender searches be documented. Staff are required to conduct cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.</p> <p data-bbox="240 725 1485 949">The VADOC policy requires facilities to allow offenders the opportunity to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy prohibits staff from conducting a cross-gender strip search of a transgender or intersex offender for the sole purpose of determining the offender's genital status. If staff cannot determine an offender's genital status, they are to determine by interviewing the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="240 985 1406 1012">Agency policy requires staff of the opposite gender announce their presence when entering an offender housing unit.</p> <p data-bbox="240 1048 488 1075">Evidence Relied Upon:</p> <p data-bbox="240 1111 1254 1137">Policy - 445.1 Screenings and Searches of Inmate and CCAP Probationer/Parolee Visitors, pg. 16-18</p> <p data-bbox="240 1173 794 1200">Policy - 801.1 Facility Physical Plant & Sanitation, pg. 3</p> <p data-bbox="240 1236 612 1263">Policy - 401.2 Security Staffing, pg. 7</p> <p data-bbox="240 1299 912 1326">Policy - 401.1 Development and Maintenance of Post Orders, pg. 4</p> <p data-bbox="240 1361 715 1388">Policy - 350.2 Training and Development, pg. 9</p> <p data-bbox="240 1424 960 1451">Policy - 720.2 Medical Screening, Classification, & Levels of Care, pg. 8</p> <p data-bbox="240 1487 373 1514">Shift Rosters</p> <p data-bbox="240 1550 395 1576">Post Logbooks</p> <p data-bbox="240 1612 440 1639">Training Curriculum</p> <p data-bbox="240 1675 414 1702">Training Records</p> <p data-bbox="240 1738 446 1765">Interviews with Staff</p> <p data-bbox="240 1800 497 1827">Interviews with Offenders</p> <p data-bbox="240 1863 376 1890">Observations</p> <p data-bbox="240 1926 466 1953">Analysis/Reasoning:</p> <p data-bbox="240 1989 1493 2087">The Patrick Henry Correctional Unit houses adult male offenders. The Auditor conducted a review of facility shift rosters. The facility attempts to maintain male and female staff on each shift to ensure offenders identified as transgender or intersex can be searched by a staff member of the same sex of the offender. The Auditor conducted formal interviews with offenders. Offenders were asked if they had been pat-searched or strip searched by a staff member of the opposite gender of the offender. Offenders informed the Auditor they have been pat searched by female staff but not strip searched by a female staff member.</p> <p data-bbox="240 2123 1474 2150">During interviews with offenders the Auditor asked each if they had the ability to take a shower, change clothes and use the</p>

restroom without security staff of the opposite gender seeing their breast, buttocks or genitalia, unless incidental to a routine security check. Offenders stated they are able to do so. Each offender informed the Auditor staff of the opposite gender always announce their presence before entering housing units. The announcement allows the offenders an opportunity to ensure they are properly dressed.

The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if opposite gender announcements are being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit. Staff stated the opposite gender announcement is recorded in the unit's logbook. The Auditor observed opposite gender announcements documented in post logbooks. The Auditor observed each PREA Logbook includes documentation that opposite gender supervisors are announcing their presence when entering offender housing units.

The Auditor conducted formal interviews with intake personnel. Intake staff were asked how a transgender offender is strip searched or pat searched when arriving. Staff stated if the transgender offender has a preference form that requires a female conduct the strip search, a female staff member is called to the area to conduct the strip search and/or pat search. Intake and randomly selected personnel were asked what they would do if they could not determine the genital status of an offender. The Auditor was informed they would ask the offender, review information in the offender's record, if need be, call medical personnel for further guidance.

The Auditor asked random staff how facility personnel conduct searches of transgender and intersex offenders. Transgender and intersex offenders are allowed to choose the sex of the searching staff and notated on a deviation form, if approved. The decision, if approved, is documented in the offenders file and included on a deviation form. Staff were asked if they had been trained to conduct pat-searches of transgender and intersex offenders. Staff had been provided such training. Staff were asked if they would conduct a strip search of an offender if they could not determine the offender's sex. Each staff member stated they would not conduct a strip-search of any offender for the sole purpose of determining the offender's sex. Each staff member informed the Auditor the facility does not house transgender offenders.

The Auditor reviewed the agency In-service Trainer Outline and training attendance rosters. The outline includes procedures on how to conduct searches of transgender and intersex offenders and how to communicate with those offenders professionally and respectfully. Training attendance rosters reveal staff had attended an initial training to conduct searches, including cross-gender searches, and attended training annually thereafter. New employees receive the training during their initial orientation and in the agency's training academy. The Auditor reviewed the training records of all PHCU security staff. Each had been provided the training.

The Auditor conducted a detailed tour of the facility and was granted access to all offender housing units and other support areas. The Auditor observed all shower and restroom areas in the facility. Toilets in the housing units are protected from view with a 3/4 wall to the front and a 1/2 wall between toilets. Toilets in the basement (dayroom) area are designed the same. There are no showers in the housing units. Showers are located adjacent to the dayroom. The entrance to the showers is protected with a saloon style door. There are no individual shower stalls in the area. Offenders are able to shower, use the restroom and change clothes without opposite gender staff seeing them fully naked. The Auditor questioned higher level staff how they would ensure transgender and intersex offenders were provided an opportunity to shower separately from other offenders. The Auditor was informed the transgender and intersex offender would be allowed to shower while other offenders were not authorized entry into the dayroom.

The facility attempts to maintain female staff on each shift to ensure a female is available to conduct pat and strip searches of offenders identified as transgender, intersex, or gender dysphoria who have been authorized to be searched by female staff. At the time of the audit there were no transgender or intersex offenders housed at the facility. The Auditor was informed the facility has not housed a transgender offender. The Auditor was informed the physical plant of the facility would present a challenge in housing a transgender or intersex offender.

The facility reported no incident in which a staff member conducted a cross-gender strip search in the previous 12 months.

Conclusion:

The Auditor conducted a review of VADOC policies, procedures, training curriculum, training attendance rosters, shift assignment rosters, post logbooks, interviewed staff, offenders and made observations. The Auditor concluded the PHCU staff had been appropriately trained to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Offenders have the ability to shower, change clothes and use the restroom with a level of privacy. Staff have been trained to treat transgender and intersex offenders respectfully and professionally in the facility. The Auditor determined the PHCU meets the requirements of this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">The agency has a policy that requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:</p> <ul data-bbox="280 483 1449 645" style="list-style-type: none"> • Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and • Providing written materials in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. <p data-bbox="240 674 1497 869">The agency's policy states the VADOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Agency policy prohibits utilizing offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of the first responder duties or the investigation of the offender's allegations.</p> <p data-bbox="240 898 488 925">Evidence Relied Upon:</p> <p data-bbox="240 954 730 981">Policy - 038.3 Prison Rape Elimination Act, pg. 7</p> <p data-bbox="240 1010 539 1037">Inmate Orientation Handbook</p> <p data-bbox="240 1066 496 1093">Zero Tolerance Brochure</p> <p data-bbox="240 1122 644 1149">Vernacular Language Services Contract</p> <p data-bbox="240 1178 624 1205">Purple Communications, Inc. Contract</p> <p data-bbox="240 1234 496 1261">Propio-LS, LLC. Contract</p> <p data-bbox="240 1290 999 1317">Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training</p> <p data-bbox="240 1346 416 1373">Training Records</p> <p data-bbox="240 1402 443 1429">Interviews with Staff</p> <p data-bbox="240 1458 496 1485">Interviews with Offenders</p> <p data-bbox="240 1514 379 1541">Observations</p> <p data-bbox="240 1570 464 1597">Analysis/Reasoning:</p> <p data-bbox="240 1626 1497 1966">The Auditor reviewed the agency Zero Tolerance for Sexual Abuse and Sexual Harassment handout for offenders. Each offender receives a copy upon arrival at the PHCU. The handout is written in English, Spanish and maintained for the hearing impaired. The hearing impaired copy includes different avenues for reporting through the telephone. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to offenders who are blind or have low vision or who cannot otherwise obtain the information. The agency maintains its Inmate Handbook in Braille for offenders who can read Braille. Offenders who are deaf or hard of hearing can read the written information. The facility's PREA video is both verbal and closed captioned for those who are either deaf or blind. The facility maintains the PREA video in English and Spanish. In the event the facility receives an offender with an intellectual or cognitive disability, a staff member conducts an individual session with the offender to ensure the offender receives an understanding of the agency's PREA information and comprehensive education.</p> <p data-bbox="240 1995 999 2022">The PHCU Inmate Orientation Handbook includes the following information:</p> <ul data-bbox="280 2074 576 2145" style="list-style-type: none"> • Zero-tolerance Information • Explanation of PREA law

- Reporting Methods
- Supportive Services
- Designated PCM
- Ways to Avoid Homosexual Intimidation
- Do and Don't Techniques
- Grievance Procedure

Offenders who cannot read English or Spanish can benefit from the facility's PREA information through the use of the language line service. The agency maintains a contract with a provider for telephonic translation services. When the agency cannot provide a staff interpreter, staff read the information to the interpreter who translates the information to the offender. Each staff member interviewed was asked if the facility relies on offender interpreters or readers. Staff informed the Auditor they do not rely on offender interpreters or readers.

The facility plays two educational videos upon an inmate's arrival. The initial video played during intake is titled, "PREA: What You Need to Know." The Auditor reviewed the comprehensive educational video. The video is closed captioned for the deaf or hard of hearing. Offenders who are blind or have low vision can hear the information being played through the video. Comprehensive education is provided through televisions and in-person. The agency ensures offenders view the video during the booking process. Offenders who cannot otherwise benefit from the comprehensive education attend a one-on-one session with a facility staff member. Within 10 days of arrival offenders are required to watch a second comprehensive video that is specific to the agency's policies and response efforts. The video is closed captioned in English and Spanish.

Each offender entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided the comprehensive education within 10 days of arriving at the facility. Offenders are required to sign receipt of the written information and comprehensive educational session. The information and education is provided during booking. Each offender is provided a written copy of the Inmate Orientation Handbook during the booking process. Offenders sign a Preventing Sexual Abuse and Assault Training Acknowledgement form for the information and education. Each offender entering the facility is provided an orientation packet that includes the agency's zero-tolerance information. The offender then attends an orientation on the same day of arrival. The orientation includes the facility's comprehensive educational video and an in-person lesson conducted by facility staff.

The agency has staff who have been trained to work with deaf and hard of hearing offenders at select facilities. The Auditor previously reviewed the records of six agency staff who had received training titled, "DOC - Understanding and Interacting with Deaf and Hard of Hearing Offenders, 2020." These staff work with deaf offenders to ensure they benefit from the agency's PREA information and education. None of the six staff are employed at the Patrick Henry Correctional Unit.

The Auditor interviewed one offender identified as Limited English Proficient. The Auditor was able to communicate with the offender without the use of an interpreter. The offender had been provided written information and a comprehensive education upon arrival. The offender stated the written information was provided to him in Spanish. The offender understands his rights and knows how to report allegations of sexual abuse and sexual harassment. The offender was asked how staff communicated with him during the booking process. The offender stated staff used an interpreter because he was unable to fully understand some of the questions being asked of him. The offender signed receipt for the written information and comprehensive educational video. The offender stated he watched the video in Spanish. The Auditor verified the facility has a contract for interpretive services to communicate with offenders identified as Limited English Proficient.

There were no offenders housed at the time of the audit that were identified as blind or vision impaired. The facility provides information and education in a manner blind offenders understand and can benefit from such. Blind offenders can hear the video being played. During intake, staff individually meet with blind offenders to read the written information to the blind offender. Each offender is provided an opportunity to ask questions regarding the written material and comprehensive education.

There were no offenders housed at the time of the audit that were identified as deaf or hard of hearing. Deaf and hard of hearing offenders are provided written information at the time of intake. Those offenders are able to read the PREA information. Deaf and hard of hearing offenders are able to read the closed captioning on the agency's comprehensive educational videos. Each offender is provided an opportunity to ask questions related to the written materials and comprehensive education session at the conclusion of each.

There were no offenders in the facility identified with a cognitive disability at the time of the Auditor. The Auditor discussed how counselors provide information and comprehensive education to offenders with a cognitive disability. The Auditor was informed a Counselor discusses the written PREA information during an individual educational session. The video is played and discussed with the offender. Counselors stated they conduct the one-on-one session to ensure the offender benefits from and understands the facility's policies related to sexual abuse and sexual harassment.

In addition to records provided on the Online Audit System prior to the Auditors arrival, the Auditor reviewed the educational records of 20 offenders. A review of records revealed each offender had signed an Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training denoting their attendance and receipt of the written information. During interviews with

offenders the Auditor determined offenders have seen the comprehensive educational video after processing into the agency. Each offender signs the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training two times. Offenders sign after receiving the written information during booking and after receiving the comprehensive educational video.

The Auditor conducted an interview with staff responsible for conducting orientations with offenders. The Auditor staff to explain how blind and deaf offenders benefit from the agency's information and education. Staff reads the written PREA information to blind offenders. Blind offenders can benefit from the educational video as it is maintained in audio. Deaf offenders can read the closed captioning on the video and information is provided in written format. Staff informed the Auditor illiterate offenders can hear the video and staff read the written information to them. The Auditor was informed a staff interpreter is utilized to translate for offenders who speak another language. When a staff interpreter is not available the language line is used when dealing with non-English speaking offenders. The Auditor asked how staff communicate with offenders who only understand sign language. The agency maintains a contract for Sign Language services. Each randomly chosen staff member interviewed by the Auditor was asked if offender interpreters or readers are utilized. Each stated the facility does not rely on offender interpreters or readers.

The Auditor conducted a detailed tour of the Patrick Henry Correctional Unit. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each housing unit, service, and work areas. All posters and posted materials were written in English and Spanish. During interviews with offenders the Auditor discovered all offenders were aware of the posted materials. All offenders informed the Auditor they received the written PREA material during booking, watched a video, received an Inmate Orientation Handbook and participated in an orientation conducted by a facility staff member. Each was provided an opportunity to ask questions related to the facility's comprehensive educational session.

Conclusion:

The Auditor concluded the agency provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are Limited English proficient and those who are disabled. The Auditor conducted a review of agency policies, procedures, Inmate Orientation Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, comprehensive educational video, interpretive services contracts, offender records, training records, conducted interviews with staff, offenders and made observations to determine the agency meets the requirements of this standard.

115.17	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 331">The Virginia Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with offenders who:</p> <ul data-bbox="282 385 1485 577" style="list-style-type: none"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and • Has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. <p data-bbox="240 609 1461 837">Agency policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with offenders. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. Criminal background records checks are required every 5 years on employees and contract staff, who may have contact with offenders and annually for those in sensitive specialist assignments.</p> <p data-bbox="240 869 1469 963">The Agency asks all applicants who may have contact with offenders directly about previous misconduct as listed above, in the agency's written employment application. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct as listed above.</p> <p data-bbox="240 994 1477 1088">Employee Performance Evaluations include a continuing affirmative duty to disclose any acts of sexual misconduct. The agency's policy stipulates material omissions regarding such misconduct are grounds for termination. The policy also allows for termination for providing false information related to such conduct.</p> <p data-bbox="240 1120 488 1146">Evidence Relied Upon:</p> <p data-bbox="240 1178 852 1205">Policy - 102.2 Recruitment, Selection and Appointment, pg. 7</p> <p data-bbox="240 1236 794 1263">Policy - 102.3 Background Investigation Program, pg. 6</p> <p data-bbox="240 1294 826 1321">Policy - 260.1 Procurement of Goods and Services, pg. 10</p> <p data-bbox="240 1352 679 1379">Policy - 135.1 Standards of Conduct, pg. 15</p> <p data-bbox="240 1411 434 1438">Employee Records</p> <p data-bbox="240 1469 440 1496">Contractor Records</p> <p data-bbox="240 1527 644 1554">Background Investigation Questionnaire</p> <p data-bbox="240 1585 488 1612">Employment Application</p> <p data-bbox="240 1644 577 1671">Employee Self Assessment Form</p> <p data-bbox="240 1702 743 1729">Criminal History Background Tracking Mechanism</p> <p data-bbox="240 1760 446 1787">Interviews with Staff</p> <p data-bbox="240 1818 491 1845">Interview with Contractor</p> <p data-bbox="240 1877 466 1904">Analysis/Reasoning:</p> <p data-bbox="240 1935 1461 2029">The Auditor reviewed the facility's Background Investigation Questionnaire form. The form is completed by all staff and contractors prior to employment or enlisting services and prior to promotions. The form asks the staff member or contractor the following questions:</p> <ul data-bbox="282 2060 1461 2154" style="list-style-type: none"> • "Have you ever engaged or attempted to engage in sexual abuse/sexual harassment in an institutional setting, for example, prison, jail, juvenile facility; • Have you been convicted of engaging or attempting to engage in sexual activity/sexual abuse/sexual harassment in

the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and

- Have you been civilly or administratively adjudicated for engaging in sexual activity/sexual abuse/sexual harassment in the community where there was use of force (as described above)?"

The Background Investigation Questionnaire asks candidates, "Did you resign in lieu of termination or were you terminated from this agency?" This question is asked of candidates who have worked or volunteered for the Department of Corrections or any other government agency.

The Auditor reviewed the agency's employment application. Each candidate is required to complete an application. Each current employee seeking promotion is required to complete the application. The application asks candidates the following questions:

- "Have you engaged in sexual abuse in an institutional setting where the term "institutional" refers to any facility or institution: (A) which is owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is : (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility; (iii) a pretrial detention facility; (iv) for juveniles; (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care;
- Have you been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2 , above?"

The Auditor conducted an interview with the facility's Human Resource staff member. The Auditor was informed applicants are asked to complete the Background Investigation Questionnaire prior to their interview. The Auditor asked how the facility considers acts of sexual abuse and sexual harassment of those being promoted. The Human Resource staff member stated each is required to complete an application and Background Investigation Questionnaire when applying for a promotional opportunity or a new position. The Auditor asked if such is captured for contractors and if so, when. The Auditor was informed contractors are required to complete the Background Investigation Questionnaire and undergo the background records check as all employees do. The Auditor asked if the facility provides information related to sexual abuse investigations and resignations to institutional employers upon request. The Auditor was informed that information is provided upon request with a signed release form.

The Human Resource staff member informed the Auditor the agency uses an optional Employee Self Assessment form. The Auditor reviewed the form. The form does not consider prior acts of sexual abuse and sexual harassment. Each employee who opts to complete the self-assessment is required to submit the PREA Mandatory Sexual Misconduct Disclosure form. Each employee is required to submit the mandatory disclosure on an annual basis.

The Auditor conducted a review of all employee/contractor background records. The facility tracks background record checks on a VCIN Log. The Auditor conducted a review of the log. The log includes the person's name, position, VCIN effective date, transaction description, and status. The agency performs a background records check through the Virginia Criminal Information Network (VCIN) and National Crime Information Center (NCIC). The log reveals the facility is conducting a criminal record background check of all persons at least every five years, prior to promotions and prior to hiring or enlisting the services of a contractor.

The Auditor reviewed the personnel files of 30 staff. During the review the Auditor observed the files of staff who had been promoted within the previous 12 months. Each employee who was promoted completed a new application and a sexual misconduct disclosure. None of the files reviewed included a staff member who had previous experience working in a correctional setting prior to being hired at the Patrick Henry Correctional Unit. Each employee had completed an employment application and Background Investigation Questionnaire where the employee answered the questions related to sexual abuse. Each who had been employed for more than one year had completed additional PREA Mandatory Sexual Misconduct Disclosure forms for each year of employment.

Agency investigators document contacts with other agencies when conducting pre employment investigations. Investigators utilize the Confidential Summary Background Investigation Report to document any findings, including previous acts of sexual abuse and sexual harassment. The investigator documents actions taken when requesting information from other confinement facilities. The investigator documents the criminal history background record and employment checks. The employment check includes an effort to determine if the previous employer had information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Auditor conducted formal interviews with staff. Staff were asked if they were aware of the criminal background records check process. Each staff was aware the facility conducts a criminal background records check at least every five years. Staff were asked when they are asked specific questions related to sexual abuse and sexual harassment. Each staff asked informed the Auditor they answer those questions before being hired, annually and prior to promotion. Staff were asked if

they were aware the agency has a continuing requirement to disclose acts of sexual abuse and sexual harassment. Each was aware of the agency requirement. Staff informed the Auditor if they fail to notify the agency of acts of sexual abuse and/or sexual harassment they can be terminated from employment.

The Patrick Henry Correctional Unit reported no contractors perform services in the facility. The Auditor conducted formal interviews with agency contractors while auditing other VADOC facilities. Contractors were asked if they were aware the agency conducts a criminal record background check. Each contractor was aware the agency conducts such checks prior to performing services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they were required to complete a Background Investigation Questionnaire that includes questions related to sexual abuse and sexual harassment. Each stated they are required to sign the form prior to performing services. Each contractor was aware they have a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse. The Auditor verified the agency complies with the elements of this standard concerning contractors during previous VADOC facility audits.

Conclusion:

The Auditor concluded the Patrick Henry Correctional Unit is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a review of agency policies, procedures, employee records, contractor records, Background Investigation Questionnaire, sexual misconduct disclosures, Employment Application, Employee Self-Assessment, VCIN Log, and interviewed staff and contractors to determine the agency meets the requirements of this standard

115.18	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1477 432">The Virginia Department of Corrections policy is to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance their ability to protect offenders from sexual abuse.</p> <p data-bbox="242 463 1445 524">Facility staff reported the Virginia Department of Corrections has not acquired any new facility or planned any substantial expansion or modification of the Patrick Henry Correctional Unit during this audit period.</p> <p data-bbox="242 555 488 584">Evidence Relied Upon:</p> <p data-bbox="242 611 818 640">Policy - 801.1 Facility Physical Plant and Sanitation, pg. 2</p> <p data-bbox="242 667 446 696">Interviews with Staff</p> <p data-bbox="242 723 466 752">Analysis/Reasoning:</p> <p data-bbox="242 781 1471 878">The Virginia Department of Corrections has not designed or acquired any new facility or planned any substantial expansion or modification of the Patrick Henry Correctional Unit since its last PREA audit. The Patrick Henry Correctional Unit has not installed or updated its video monitoring system since the last PREA audit.</p> <p data-bbox="242 907 1484 1135">The Auditor conducted an interview with the Warden and PREA Compliance Manager. Both are clear on the responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility. The Warden informed the Auditor the VADOC PREA Coordinator is involved in the design, acquisition and expansion of facilities. The PREA Coordinator and PREA Compliance Manager are also involved in the process for adding cameras and updating video monitoring systems in the VADOC facilities. The Regional PREA/ADA Analyst is involved in those processes for facilities within her assigned region.</p> <p data-bbox="242 1164 1493 1393">The Auditor observed camera placements throughout the facility while touring. The facility has a limited amount of cameras that are strategically placed throughout all facility areas. The facility has installed mirrors to aid in staff's visibility into previously identified blind spots. The facility conducts a weekly review of all cameras within the facility. The review documents a check that each camera in the facility is functioning. Since the last PREA audit, the Patrick Henry Correctional Unit has not updated its video monitoring system. The Auditor feels the facility could benefit from adding new cameras throughout facility areas. Additional cameras will provide clearer lines of sight into areas that are difficult to see or that require additional security rounds by staff.</p> <p data-bbox="242 1424 376 1453">Conclusion:</p> <p data-bbox="242 1480 1458 1541">The Auditor conducted a review of agency policies, procedures, interviewed staff and made observations to determine the facility meets the requirements of this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1490 600">The Virginia Department of Corrections has a policy that requires all victims of sexual abuse have access to a forensic medical examination provided by a certified Sexual Abuse Nurse Examiner. The examination is provided to the victim at no cost to the victim. The agency's policy is to attempt to make available to the victim a victim advocate from a rape crisis center. Policy states, "If a rape crisis center is not available to provide victim advocate services, the DOC must make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member." The victim advocate, qualified staff member, or qualified community-based organization member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information and referrals. Policy requires the qualified staff member or communitybased member is an individual who has been screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic examination issues in general.</p> <p data-bbox="240 629 1485 757">The agency is responsible for conducting criminal and administrative investigations. Policy stipulates the Special Investigations Unit has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is required to be developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="240 786 1398 813">The agency's 030.1 - Evidence Collection and Preservation policy includes its uniform evidence collection protocols.</p> <p data-bbox="240 842 488 869">Evidence Relied Upon:</p> <p data-bbox="240 898 759 925">Policy - 030.4 Special Investigations Unit, pg. 10-11</p> <p data-bbox="240 954 858 981">Policy - 720.7 Emergency Medical Equipment and Care, pg. 9</p> <p data-bbox="240 1010 743 1037">Policy - 038.3 Prison Rape Elimination Act, pg. 13</p> <p data-bbox="240 1066 951 1093">Policy - 730.2 MHWS: Screening, Assessment and Classification, pg. 8</p> <p data-bbox="240 1122 842 1149">Policy - 030.1 Evidence Collection and Preservation, pg. 1-7</p> <p data-bbox="240 1178 440 1205">Investigation Matrix</p> <p data-bbox="240 1234 683 1261">Virginia Forensic Nurse Examiner Programs</p> <p data-bbox="240 1290 523 1317">Contract for SANE Services</p> <p data-bbox="240 1346 783 1373">Virginia Sexual and Domestic Action Alliance Contract</p> <p data-bbox="240 1402 491 1429">Sexual Assault Checklist</p> <p data-bbox="240 1458 443 1485">Interviews with Staff</p> <p data-bbox="240 1514 448 1541">Interview with SANE</p> <p data-bbox="240 1570 547 1597">Interview with Victim Advocate</p> <p data-bbox="240 1626 464 1653">Analysis/Reasoning:</p> <p data-bbox="240 1682 1477 1865">The Auditor reviewed agency policies and procedures. The agency has included the elements of this standard in its policies and procedures. The Virginia Department of Corrections conducts administrative and criminal investigations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for criminal investigation. PHCU personnel are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene.</p> <p data-bbox="240 1895 1461 1955">The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). In addition to other stipulations, the memorandum stipulates the VSDVAA agrees to the following:</p> <ul data-bbox="280 2007 1490 2134" style="list-style-type: none"> • Provide a toll-free Hotline (statewide) for reporting sexual abuse or assault to victims who desire an external method of reporting; • Ensure confidentiality for all callers to the statewide hotline, keeping with the Action Alliance confidentiality and release of information policies. If the victim agrees to the release of information, the Action Alliance will immediately forward

- any report of sexual abuse or assault to the Regional PREA Analyst;
- Maintain a record of calls from DOC victims that include non-identifying demographic information, information about the violence experienced, demographic and relationship information about perpetrator, and the location of the sexual abuse or assault. The Action Alliance will provide the information quarterly by email to the DOC to support action that addresses the safety, security and medical needs of victims. DOC will be provided with information about specific victims and allegations of assault with the express permission of the victim;
 - Provide confidential crisis intervention and emotional support services related to all sexual abuse or assault victims;
 - Seek to link DOC victims to accompaniment services through a trained victim advocate when victims request this service. This may include participation of advocates at forensic exams, during investigations and may also include follow-up visits or communication (at facility, telephone or written) by the victim advocate;
 - Ensure statewide hotline staff and Action Alliance victim advocates who provide accompaniment services to DOC victims complete the full PREA training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders or probationers;
 - Ensure statewide hotline staff and Action Alliance victim advocates who provide accompaniment services to DOC victims complete the full PREA training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders or probationers; and
 - Ensure all statewide hotline staff and Action Alliance victim advocates providing accompaniment services to DOC victims have been screened to ensure they do not have a history of perpetrating sexual violence. These staff and volunteers shall agree to have a criminal history record check completed through the Virginia Criminal Information Network prior to entrance into a DOC facility and will be asked to disclose relationships to individuals who are employed by or in the custody of the DOC.

The Auditor conducted a telephone interview with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance on a previous VADOC audit. The representative confirmed the VSDVAA provides victim advocacy for offender victims of sexual abuse at VADOC facilities. The representative accompanies victims during forensic exams when requested by the victim. The advocate confirmed the organization would accompany the victim during investigatory interviews if requested. The Auditor asked who contacts the VSDVAA following a sexual abuse incident. The representative stated the facility would normally make the notification to the VSDAA. Emotional support services are provided on site or by telephone with offenders when requested. The advocate stated her organization does make referrals, if appropriate. The PHCU has not used a staff member to perform the services of victim advocacy.

The Auditor reviewed the contract between the Ballad Health Russell County Hospital and the Virginia Department of Corrections. The contract renewal was effective from October 1, 2021 through September 30, 2022. The contract provides forensic services to offender victims of sexual abuse to multiple facilities in the Western Region. The Auditor observed the Patrick Henry Correctional Unit was not specified in the contract. The contract stipulates the SANE will be dispatched to the facility to conduct the examination.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner from the Ballad Russell County Hospital during an audit of another western region facility. The SANE explained forensic examinations are conducted at the facilities specified in the contract. The SANE explained the process of the forensic examination and the services and tests offered at the time of the examination. The Auditor asked the SANE if a victim advocate is allowed to accompany the victim during the forensic examination. The SANE informed an advocate is allowed to accompany the victim if the victim requests the accompaniment. The SANE is required to report to applicable facilities within four hours of notification. Forensic examinations occur in the facility's medical section.

The Patrick Henry Correctional Unit does not have a specific MOU for forensic examinations. The Patrick Henry Correctional Unit transports offender victims of sexual abuse to the Carillion Roanoke Memorial Hospital for forensic exams. The Auditor contacted a SANE to discuss forensic services. The hospital does perform forensic services to offender victims that are transported to the hospital. The SANE allows the accompaniment of a victim advocate when the victim requests such services. The SANE has not conducted an examination of a PHCU victim during this audit period.

The Auditor conducted a formal interview with the Health Services Administrator. The Auditor asked if medical practitioners conduct forensic examinations at the facility. The medical practitioner stated forensic examinations are not conducted by staff at the PHCU. The medical practitioner stated offender victims are transported to the Carillion Roanoke Memorial Hospital for forensic exams. The Auditor asked if there had been a forensic exam following an allegation of sexual abuse within the previous 12 months. There has not been a forensic examination conducted for a victim from the facility during this audit period.

The Auditor conducted a formal interview with the facility investigator. The Investigator was asked to explain the process when investigating allegations of sexual abuse. The Investigator stated as soon as it is determined an act of sexual abuse requires a forensic examination, the offender is transported to the hospital. The facility contacts the hospital to inform the SANE prior to the offender's arrival. The Auditor was informed criminal investigations of sexual abuse are conducted by the VADOC Special Investigations Unit. The Auditor asked how evidence collection occurs at the facility. The Investigator explained the SIU Investigator responds to the facility and collects evidence. The PHCU staff preserve the crime scene until

the SIU Investigator arrives to process and collect the evidence.

The Auditor conducted a formal interview with the assigned VADOC SIU Investigator while auditing another VADOC facility the Investigator is assigned to. The Investigator explained he reports to the facility and collects evidence from the crime scene. The SIU investigator reports to the facility and interviews the alleged victim, perpetrator and any witnesses. The investigator collects evidence provided by the SANE. The Auditor asked if a victim advocate is allowed to be present when the alleged victim is questioned. The Auditor was informed if the alleged victim requests the presence of the victim advocate the Investigator allows his/her presence during the questioning. Each VADOC Special Investigations Unit Investigator is a sworn law enforcement officer in the Commonwealth of Virginia. Each has the authority to conduct criminal investigations and follow a uniformed evidence protocol for evidence collection.

The VADOC investigators follow an Investigations Matrix. The matrix provides direction when a facility and/or SIU investigator is required to conduct an investigation. The Auditor observed the following guidance:

- Initial PREA, fraternization and harassment allegations - handled by facility
- Confirmed PREA allegations - started at facility and passed on to SIU
- Confirmed PREA and fraternization allegations and sexual assaults - handled by SIU

There have been no sexual abuse allegations made at the Patrick Henry Correctional Unit during this audit period.

Conclusion:

The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed agency policies, procedures, Memorandums of Understanding, Investigative Matrix, conducted interviews with staff, SANE, and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 398">The Virginia Department of Corrections policy is to ensure an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The VA DOC conducts both administrative and criminal investigations. The Virginia Department of Corrections' Special Investigative Unit (SIU) Investigators have the legal authority to conduct such investigations. Agency policy requires SIU Special Agents to be sworn police officers in the State of Virginia.</p> <p data-bbox="240 432 1485 557">Policy requires the initial investigation be conducted by a Facility Investigator or other staff member who has received the required specialized training. When the Investigator determines the sexual abuse allegation requires the SIU to investigate, the Investigator notifies the Regional PREA Analyst. All allegations of sexual abuse or sexual harassment must be referred for investigation by SIU, unless the Facility Investigator quickly and definitively determines the allegation is unfounded.</p> <p data-bbox="240 562 1485 656">The Chief of SIU or designee reviews the nature of allegations received and determines if an investigation by SIU is warranted. Facility staff are required to cooperate with SIU. VADOC Special Agents are authorized to conduct investigations into criminal activity, procedural and administrative violations, and employee misconduct affecting the operations of the DOC.</p> <p data-bbox="240 689 1235 716">The conduct of investigations is stipulated in the agency's Special Investigations Unit policy - 030.4.</p> <p data-bbox="240 745 488 772">Evidence Relied Upon:</p> <p data-bbox="240 801 775 828">Policy - 038.3 Prison Rape Elimination Act, pg. 11-12</p> <p data-bbox="240 860 748 887">Policy - 030.4 Special Investigations Unit, pg. 1-18</p> <p data-bbox="240 918 488 945">Code of Virginia 53.1-10</p> <p data-bbox="240 976 461 1003">Investigative Records</p> <p data-bbox="240 1034 408 1061">Agency Website</p> <p data-bbox="240 1093 448 1120">Interviews with Staff</p> <p data-bbox="240 1151 499 1178">Interviews with Offenders</p> <p data-bbox="240 1207 466 1234">Analysis/Reasoning:</p> <p data-bbox="240 1263 1469 1422">The Auditor reviewed the Virginia Department of Corrections website. The VADOC website includes a link to access the agency PREA policy. The policy includes the agency's conduct of investigating allegations of sexual abuse and sexual harassment. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment and either the Institutional Investigator or Special Investigations Unit Investigator conduct an investigation once receiving a claim of sexual misconduct or sexual harassment against a staff member or offender.</p> <p data-bbox="240 1453 1465 1648">The Code of Virginia, §53.1-10 Powers and duties of Director allows the Director of the Virginia Department of Corrections, "To designate employees of the Department with internal investigations authority to have the same power as a sheriff or a law-enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department. Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services under § 9.1-102 for law-enforcement officers prior to exercising any law-enforcement power granted under this subdivision..."</p> <p data-bbox="240 1680 1453 1906">The Auditor conducted a formal interview with the facility Sexual Abuse Investigator. The Auditor asked the Investigator to explain his actions once he determines an allegation appears to be criminal in nature. The Investigator stated the SIU Investigator is notified immediately to conduct a criminal investigation. The referral to the SIU is documented by the Investigator in his written report. The PHCU has two staff members who have received training to conduct administrative investigations in the facility. The agency has trained nineteen (19) SIU Investigators. The SIU investigates criminal acts of sexual abuse that occur in agency facilities. PHCU Investigators have not referred an allegation to the SIU for a criminal investigation in the previous 12 months.</p> <p data-bbox="240 1937 1490 2161">The Auditor conducted a formal interview with the assigned SIU Investigator while conducting an audit at another VADOC during the previous 12 months. The Auditor asked the investigator to explain his authority in conducting criminal investigations. The Investigator explained he is a certified law enforcement officer in the Commonwealth of Virginia. The investigator has the legal authority to arrest and place criminal charges on persons inside and outside of agency facilities. The Investigator explained he reports to the facility when notified by the facility Investigator to conduct an investigation. If the SIU Investigator determines the act may not be prosecutable it is referred back to the facility Investigator for an administrative investigation. The Investigator explained he consults with the Commonwealth's Attorney for prosecutorial efforts when he can</p>

establish probable cause.

The facility received no allegations of sexual abuse and one allegation of sexual harassment within the previous 12 months. There were no allegations referred for criminal investigation. The facility conducted an administrative investigation into the alleged sexual harassment. The Auditor reviewed the investigative report. The facility Investigator informed the Auditor he has only received one allegation during the previous 12 months. The allegation was unfounded. The allegation was made against a staff member.

The offender who made the allegation against the staff member was not housed at the facility at the time of the audit, therefore the Auditor was unable to conduct a formal interview with the offender.

No department of justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Patrick Henry Correctional Unit.

Conclusion:

The Auditor concluded the Patrick Henry Correctional Unit appropriately refers criminal allegations of sexual abuse and sexual harassment to the SIU office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating each allegation made by offenders. After reviewing agency policies, procedures, website, investigative record, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1437 331">The Virginia Department of Corrections policy stipulates employees receive the following training during Orientation and InService:</p> <ul data-bbox="280 387 1474 779" style="list-style-type: none"> • The agency's zero-tolerance policy for sexual abuse and sexual harassment; • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; • Offenders' right to be free from sexual abuse and sexual harassment; • The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with offenders; • How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 808 1490 936">Agency policy requires training be tailored to the gender of the offenders at the employee's facility. Employees are provided additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Policy requires the agency to document through employee signature or electronic verification that employees understand the training they have received.</p> <p data-bbox="240 965 1485 1025">All security staff In-Service training includes supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.</p> <p data-bbox="240 1055 488 1081">Evidence Relied Upon:</p> <p data-bbox="240 1115 612 1142">Policy - 102.6 Staff Orientation, pg. 8</p> <p data-bbox="240 1171 737 1198">Policy - 350.2 Training & Development, pg. 11-12</p> <p data-bbox="240 1227 517 1254">Inner Office Memorandums</p> <p data-bbox="240 1283 440 1310">Training Curriculum</p> <p data-bbox="240 1339 376 1366">Training Test</p> <p data-bbox="240 1395 392 1422">Trainer Outline</p> <p data-bbox="240 1451 416 1478">Training Records</p> <p data-bbox="240 1507 496 1534">PREA/ADA News Letters</p> <p data-bbox="240 1563 445 1590">Interviews with Staff</p> <p data-bbox="240 1619 496 1646">Interviews with Offenders</p> <p data-bbox="240 1675 464 1702">Analysis/Reasoning:</p> <p data-bbox="240 1731 1490 1973">The Auditor reviewed the agency's training curriculum utilized to train staff. The VADOC curriculum includes all training topics as bulleted above. The VADOC instructor teaches from the Trainer Outline to train all staff. Each new staff member is provided the training during their orientation when they are initially hired and at the Correctional Officer Basic class in the Training Academy. The facility provides PREA training to all staff annually. The training provided during the basic academy is not tailored to any gender as the agency houses male and female offenders. The Patrick Henry Correctional Unit houses male offenders. Each employee is provided a participant outline during training. All VADOC PREA classes require the participant to pass a test upon completion of the class.</p> <p data-bbox="240 2002 1490 2130">At the time of the audit there were 40 staff employed at the Patrick Henry Correctional Unit. The Auditor reviewed the PHCU staff training records. Training records reveal all staff are provided the PREA training. The Auditor reviewed training records for the previous 12 month period. All staff had been provided annual in-service training and signed a Prison Rape Elimination Act (PREA) Training Acknowledgement Form. The agency's acknowledgement form requires staff sign receipt and</p>

understanding of the following:

- The Department's Zero Tolerance Policy for sexual abuse and sexual harassment;
- How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- An offender's right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The acknowledgement form states, "By my signature, I am acknowledging that I understand the training provided and that the Virginia Department of Corrections has zero-tolerance for sexual abuse or sexual harassment between offenders and between staff/contractors/volunteers and offenders. I agree to abide by that policy. I likewise have been made aware of my requirement to report any known instances or suspicions of sexual abuse or harassment of offenders." Employees are required to print and sign their name, date and the trainer signs the form as a witness. The Auditor reviewed the test each participant is required to pass at the completion of training. The test is a twenty question test that includes true or false, multiple choice and fill in the blank questions from various sections of the agency's training.

The PREA Coordinator and Regional PREA/ADA Analysts create a monthly PREA Newsletter. The newsletter is issued to all VADOC personnel on a monthly basis. Each newsletter includes a selection of VADOC information and PREA standards. The newsletter is used to remind staff of standards and VADOC policies regarding compliance with those standards.

The Auditor conducted formal interviews with specialized and randomly selected staff. Each was asked about the training provided by the agency. All staff interviewed had been provided the training and informed the Auditor they receive training annually. Staff informed the Auditor they routinely discuss PREA related policies during shift briefings. The Auditor asked each to explain the topics provided by the agency during their annual training. Staff were able to articulate the above listed topics were provided during their trainings and in shift briefings. The Auditor determined staff were knowledgeable and retained the information provided during the training.

The Auditor conducted formal interviews with randomly selected and one specifically targeted offender. The collective responses from offenders reveal staff appear to have been appropriately trained to respond to incidents and allegations within the facility. Each offender interviewed by the Auditor stated staff take sexual abuse and sexual harassment issues seriously and have confidence in the staff's abilities to respond. Offenders informed the Auditor acts of sexual abuse and harassment do not occur in the PHCU. Offenders stated staff are very professional, respond to their needs, and treat them with respect.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, newsletters, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 499">The Virginia Department of Corrections policy requires the Statewide and Organizational Unit Volunteer Coordinator, as applicable will ensure all volunteers who have contact with offenders receive training regarding their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers is based on the services they provide and the level of contact they have with offenders. The policy requires all volunteers who have contact with inmates be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Each volunteer is required to sign a Volunteer Agreement that documents the volunteer's receipt and understanding of the materials.</p> <p data-bbox="240 528 1485 723">Program visitors are provided A guide to Maintaining Appropriate Boundaries with Offenders as notification of the DOCs zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. Receipt of such are documented in the facility "sign-in" log. All Volunteers receive a documented orientation and training appropriate to their volunteer duties. Volunteers are required to sign the Volunteer Agreement upon completion of orientation and training. Volunteers under the general supervision of other volunteers are provided orientation and training to the following, but not limited to, policies:</p> <ul data-bbox="280 779 1078 871" style="list-style-type: none"> • 038.3 - Prison Rape Elimination Act (PREA) • 135.1 - Standards of Conduct • 135.2 - Rules of Conduct Governing Employees Relationships with Offenders <p data-bbox="240 900 1485 1128">The agency requires these volunteers sign the Volunteer Orientation Checklist upon receipt. The agency has a policy which requires contractors who have or could have contact with offenders receive training regarding their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. Policy requires the level and type of training contractors receive is based upon the services they provide and the level of contact they may have with offenders. Contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Each is required to sign the Prison Rape Elimination Act Training Acknowledgement.</p> <p data-bbox="240 1158 488 1184">Evidence Relied Upon:</p> <p data-bbox="240 1214 812 1240">Policy - 027.1 Volunteer and Internship Programs, pg. 11</p> <p data-bbox="240 1270 715 1296">Policy - 350.2 Training and Development, pg. 8</p> <p data-bbox="240 1326 729 1352">Policy - 038.3 Prison Rape Elimination Act, pg. 5</p> <p data-bbox="240 1382 612 1408">Policy - 102.6 Staff Orientation, pg. 8</p> <p data-bbox="240 1438 707 1464">Volunteer/Contractor PowerPoint Presentation</p> <p data-bbox="240 1494 608 1520">Volunteer/Contractor Trainer Outline</p> <p data-bbox="240 1550 963 1576">A Guide to Maintaining Appropriate Boundaries with Offenders Brochure</p> <p data-bbox="240 1606 584 1632">PREA Training Acknowledgement</p> <p data-bbox="240 1662 493 1688">Interview with Contractor</p> <p data-bbox="240 1718 485 1744">Interview with Volunteer</p> <p data-bbox="240 1774 464 1800">Analysis/Reasoning:</p> <p data-bbox="240 1830 1485 1937">The Auditor reviewed the agency's Volunteer and Contractor Trainer Outline. A PowerPoint Presentation is utilized to provide in-person training to each contractor and volunteer. The PowerPoint Presentation coincides with the trainer outline. The PowerPoint Presentation and trainer outline includes the following sections:</p> <ul data-bbox="280 1971 1110 2152" style="list-style-type: none"> • What is PREA; • The Nine Purposes of PREA; • OP 038.3 Sexually Abusive Behavior Prevention and Intervention; • Zero Tolerance Policy; • OP 130.1 Rules of Conduct Governing Employees Relationships with Offenders;

- Myths;
- The Dynamics of Sexual Abuse and Sexual Harassment in Confinement;
- Common Reactions of Sexual Abuse and Sexual Harassment Victims;
- Detection Strategies;
- Avoiding Inappropriate Relationships with Offenders; and
- Summary.

The Auditor reviewed the agency's PowerPoint Presentation utilized to train contractors and volunteers. The following information was observed in the presentation:

- What is PREA;
- Purpose of PREA;
- How Does PREA Affect You;
- OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders;
- PREA and Fraternalization;
- Consequences for a PREA Violation and/or Fraternalization;
- Reporting;
- Myths;
- Detection Strategies;
- Avoiding Inappropriate Relationships with Offenders; and
- Questions/Concerns.

The agency has created, "A Guide to Maintaining Appropriate Boundaries with Offenders." Each contractor and volunteer is provided the brochure during their orientation training. The brochure includes the following sections:

- A Duty to Report;
- Red Flags;
- Prevention;
- Resources;
- Prison Rape Elimination Act: Detecting, Reporting, Prevention; and
- Policy.

The agency's training includes notification of the agency's zero-tolerance policy and informs volunteers and contractors how to report such incidents. Volunteers and contractors are trained on their responsibilities under the DOC's prevention, detection, and response policies and procedures.

The Auditor reviewed the agency's Prison Rape Elimination Act (PREA) Training Acknowledgement form. Each contractor and volunteer is required to sign the acknowledgement form after attending the training. The contractor and volunteer signs the form that states, "By my signature, I certify that I have been notified of the requirement that I must report to my supervisor or to the district/facility administration any known instances or suspicions of sexual abuse or harassment of offenders, whether in custody or on community supervision. I certify that I understand that the Virginia Department of Corrections has a zero tolerance policy for sexual abuse or sexual harassment between offenders and between staff/contractors/interns/volunteers and offenders and that I agree to abide by that policy and report any known instances or suspicions of sexual abuse or harassment of offenders."

The facility has three (3) classifications of contractors and volunteers, level 1, level 2 and level 3. Each level is defined as:

- Level 1 - Have no contact with offenders;
- Level 2 - Have the possibility of contact with offenders but assigned duties do not require contact; and
- Level 3 - Have contact with offenders.

Level 1 contractors and volunteers receive a copy of the brochure, "A Guide to Maintaining Appropriate Boundaries with Offenders" and are required to review Operating Procedure 038.3 Prison Rape Elimination Act. Level 2 contractors and volunteers receive a copy of the brochure, the brochure is discussed with the contractor or volunteer, and are required to read Operating Procedures 038.3 Prison Rape Elimination Act and 135.2 Rules of Conduct Governing Employees Relationships with Offenders. They are also given the opportunity to ask questions on the material provided. Level 3 contractors and volunteers receive training provided by the PowerPoint Presentation, receive a copy of the brochure, review Operating Procedures 038.3 Prison Rape Elimination Act, 135.2 Rules of Conduct Governing Employees Relationships with Offenders. All materials are discussed with the contractor and volunteer and they are provided an opportunity to ask questions related to the materials.

The facility reported no contractors and no volunteers are currently authorized to perform services in the facility. The Auditor reviewed the training records of contractors and volunteers at other VADOC facilities. A review of records reveal the agency

is training contractors and volunteers prior to enlisting their services. Each contractor and volunteer had signed the PREA Training acknowledgement form after completing the training. Volunteer services have been suspended due to COVID-19 restrictions in the facility. There have been no contractors or volunteers trained or authorized to enter the facility in the previous 12 months.

The Auditor has conducted formal interviews with agency contractors and volunteers. Each verified they had been provided training related to the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The Auditor asked each specific questions related to the agency's policies and procedures for reporting allegations of sexual abuse and sexual harassment. Each understands their requirements for reporting allegations, information, and knowledge related to such. Each was asked to explain their responsibilities under the VADOC polices related to sexual abuse. Each understands their rights and responsibilities according to the agency's policies and procedures. All were aware the VADOC maintains a zero tolerance policy towards acts of sexual abuse and sexual harassment. The Auditor was informed contractors and volunteers receive PREA training every year by the agency.

Conclusion:

The Auditor concluded the agency is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, brochure, acknowledgment forms and interviewing volunteers and contract personnel, the facility meets the requirements of this standard.

115.33	Inmate education
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 398">The Virginia Department of Corrections policy requires newly received offenders from a jail or other non-DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. Staff are required to provide the information verbally and in writing, in a language clearly understood by the offender and must include the following topics:</p> <ul data-bbox="282 452 1426 712" style="list-style-type: none"> • Definition of sexual misconduct; assault, and behaviors prohibited by staff, contractors, volunteers and offenders; • Zero Tolerance Policy; • Prevention/Intervention; • Self-Protection; • Reporting Sexual Abuse/Assault/Harassment; • Treatment and Counseling; • Offender Telephone Sexual Abuse Hotline Number; and • Free Emotional Support Through Hotline Number. <p data-bbox="240 741 1485 936">Each facility is required to make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The policy requires each offender will receive a comprehensive PREA training within 10 days of arrival. The agency utilizes the Preventing Sexual Abuse & Sexual Assault - Trainer Outline and the PREA: What You Need to Know video. Offenders are required to acknowledge receipt of the training on the Preventing Sexual Abuse and Assault Training Acknowledgment form.</p> <p data-bbox="240 965 1461 1090">Any facility that receives an offender from another VADOC facility is provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the facility must provide the training to the offender.</p> <p data-bbox="240 1122 1481 1182">The agency requires each facility ensure key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.</p> <p data-bbox="240 1214 489 1240">Evidence Relied Upon:</p> <p data-bbox="240 1272 751 1299">Policy - 038.3 Prison Rape Elimination Act, pg. 4-5</p> <p data-bbox="240 1330 927 1357">Policy - 810.2 Transferred Offender Receiving and Orientation, pg. 7</p> <p data-bbox="240 1388 496 1415">Zero Tolerance Brochure</p> <p data-bbox="240 1447 903 1473">Preventing Sexual Abuse and Assault Training Acknowledgement</p> <p data-bbox="240 1505 1016 1532">Preventing Sexual Abuse and Sexual Assault Trainer Comprehensive Outline</p> <p data-bbox="240 1563 920 1590">Preventing Sexual Abuse and Sexual Assault Trainer Intake Outline</p> <p data-bbox="240 1621 611 1648">PHCU Inmate Orientation Handbook</p> <p data-bbox="240 1680 448 1706">Interviews with Staff</p> <p data-bbox="240 1738 499 1765">Interviews with Offenders</p> <p data-bbox="240 1796 379 1823">Observations</p> <p data-bbox="240 1854 467 1881">Analysis/Reasoning:</p> <p data-bbox="240 1912 1485 2101">The agency has created a brochure that includes information for offenders. Each offender is provided the Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure upon intake and arrival at the facility. Staff ensure each offender watches the video titled, "PREA: What You Need to Know" and provide the initial training in person utilizing the intake training outline during the intake process. Each offender signs the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training form after receiving the information. The Auditor conducted a review of the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment Brochure. The brochure includes the following sections:</p>

- Zero-tolerance;
- Reporting;
- Know Your Rights;
- Staff and Offenders Cannot...; and
- How Do I Get Help.

The agency maintains the brochure in three (3) different formats. There is an English, Spanish and Hearing Impaired version of the brochure. The Hearing Impaired brochure includes different reporting avenues for the hearing impaired. The hearing impaired brochure includes how to report an allegation of sexual abuse or sexual harassment through the TTY or relay service.

Agency personnel who educate offenders utilize a Trainer Outline. Each offender is provided an orientation upon arrival. The Auditor reviewed the agency's Trainer Outline. The outline is used during intake and includes the following sections:

- Introduction;
- Play the Video - PREA: What You Need to Know;
- Reporting;
- Getting Help;
- Sexual Assault Awareness and Prevention brochure;
- Questions; and
- Summary.

Each offender is provided a comprehensive education within 10 days of arrival in the VADOC. The comprehensive education is conducted by an agency staff member when offenders arrive in the intake area. The trainer utilizes an outline to conduct the comprehensive education. The Auditor reviewed the agency's comprehensive education trainer outline and observed the following information:

- Purpose;
- Key Points;
- Zero-Tolerance Policy;
- Definitions;
- How to Get Help;
- Reporting;
- Video;
- Emotional Support Services;
- Discussion and Questions; and
- Closing.

The comprehensive education is conducted in person, in conjunction with a video. Each offender is provided time to ask questions at the conclusion of the education session. The agency maintains all intake and comprehensive information in English and Spanish. The agency's comprehensive education materials include, the offender's rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency's policies and procedures for responding to such incidents. The agency's educational video is closed captioned in English and Spanish.

Each offender is provided the Zero Tolerance Brochure and comprehensive education during the booking process. Upon arrival the Patrick Henry Correctional Unit staff provides the offender the written information and has the offender watch the "PREA: What You Need to Know" video. Within 10 days of arrival, each offender is required to watch the agency's comprehensive educational video. All offenders are required to participate in the education process. Offenders are also provided an orientation to the facility. The orientation includes the facility's PREA information.

Each offender is provided an Inmate Orientation Handbook upon arrival at the Patrick Henry Correctional Unit. The Auditor reviewed the facility's handbook. The handbook is maintained in English and Spanish. The agency has an Offender Handbook for blind offenders who read Braille. The facility's handbook includes the following information related to the agency's policies and procedures towards sexual abuse and sexual harassment:

- Zero-tolerance Information
- Explanation of PREA law
- Reporting Methods
- Supportive Services
- Designated PCM
- Ways to Avoid Homosexual Intimidation

- Do and Don't Techniques
- Grievance Procedure

Each offender is required to sign the agency's "Preventing Sexual Abuse and Assault Training Acknowledgement" form. The form is signed at two different times, after receipt of the intake information and after receipt of the comprehensive education. The intake portion of the form requires the offender sign receipt of information on the sexual abuse Hotline Number and appropriate use of hotline reporting and the intake training and information. The comprehensive education portion of the form requires offenders sign for receipt of the comprehensive education. The form requires the offender sign acknowledging, "By signing below, I acknowledge that this information was communicated to me visually, verbally, and in writing based on the Intake and Comprehensive training curriculum titled 'Preventing Sexual Abuse and Sexual Assault'. I also acknowledge receiving information for free, emotional support services through an outside agency."

In addition to records reviewed on the Online Audit System prior to arrival, the Auditor reviewed the classification records of the offender chosen for interviews. A review of classification records revealed each offender signed for receipt of the information and comprehensive education on the Preventing Sexual Abuse and Assault Training Acknowledgement form. The comprehensive education was provided within 10-days of each offender's arrival. The Auditor was able to determine by a review of a relevant sample of offender classification records the offender population receives a comprehensive education. While interviewing offenders the Auditor was informed each received an Inmate Orientation Handbook and brochure upon arriving at the facility. Each offender interviewed by the Auditor stated they attended an orientation, watched the video, received written information, and signed an acknowledgement form. The Inmate Orientation Handbook includes the facility's sexual abuse and sexual harassment information. Each offender informed the Auditor they have seen information posted throughout the facility regarding sexual abuse and sexual harassment.

The Auditor conducted a formal interview with a facility counselor who performs intake services. The Counselor was asked to explain how offenders are educated on the agency's sexual abuse and sexual harassment policies. The Counselor stated offenders are provided the brochure and comprehensive education upon arrival. The comprehensive educational video is played to the offender(s) upon arrival. The Auditor asked how long after arrival are offenders provided the information and education. The Counselor informed the Auditor the information and video are both provided to the offender as soon as they are searched and seating. The information and education is provided within an hour of arrival. The Auditor asked if offenders are provided an opportunity to ask questions. The Counselor stated she allows offenders the opportunity to ask questions after the educational session. The Counselor stated within 10 days of arrival each offender watches the agency's educational video. During booking each offender watches the "PREA: What You Need to Know" video. The Auditor was informed each offender is required to sign an acknowledgement form.

The Counselor conducts the facility's risk screening on each offender upon arrival. The Counselor stated she provides each offender an opportunity to ask questions related to the agency's sexual abuse and sexual harassment policies and procedures during the risk assessment. The Auditor asked how the facility ensures offenders who may be cognitively challenged benefit from the facility's sexual abuse information and education. The Auditor was informed individual arrangements are made to ensure every offender understands the agency's policies and procedures related to sexual abuse and sexual harassment. The Auditor was informed either translators or the language line is used to communicate with offenders who do not speak English. Comprehensive education is conducted in-person, supplemented with videos.

At the time of the audit there were no offenders who were blind, vision impaired, deaf, hard of hearing, or cognitively challenged. The Auditor was informed PREA information is read to offenders who are visually impaired or blind. Blind offenders who can read Braille are provided the facility's information in Braille. Blind and visually impaired offenders benefit from the educational video through the audio. The Auditor was informed the agency contracts for telephonic language line services to interpret for offenders who do not speak English. The facility also utilizes facility interpreters or interpreters from another agency facility when needed. Offenders who are deaf or hard of hearing can read the written information and closed captioning on the video. The Counselor conducts individual sessions with offenders who are cognitively challenged to ensure they understand the information.

The Auditor conducted a formal interview with one offender identified as Limited English Proficient. The Auditor was able to communicate with the offender without the use of an interpreter. The offender understands how to report allegations of sexual abuse and sexual harassment. The offender understands his rights and was provided written information and an education upon arrival. The offender stated he received written documents in Spanish. The offender informed the Auditor he watched the educational videos in Spanish. The offender signed an acknowledgement form after receiving the written information and comprehensive education. When asked how staff communicated with the offender upon his arrival the offender stated staff utilized an interpreter.

While touring the facility the Auditor observed key information readily available in the form of PREA posters and postings throughout the facility. Each offender is provided written information that is always accessible in the sexual abuse brochure and Inmate Orientation Handbook. The facility maintains PREA materials written in English and Spanish. During interviews with offenders the Auditor was informed they have seen the posted materials in their housing units and throughout various service areas in the facility.

Conclusion:

The Auditor concluded the offender population at the Patrick Henry Correctional Unit has been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed agency policies, procedures, offender records, Inmate Orientation Handbook, Zero Tolerance Brochure, training outlines, interviewed staff, offenders, and made observations to determine the facility meets the requirements of this standard.

115.34	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 362">The agency requires all staff who conduct sexual abuse and sexual harassment investigations receive specialized training to conduct such investigations in confinement facility. Investigators are required to receive the general PREA training provided to all employees. The training required for those who conduct sexual abuse and sexual harassment investigations includes:</p> <ul data-bbox="282 421 1310 544" style="list-style-type: none"> • 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 of prosecution referral. <p data-bbox="240 573 488 600">Evidence Relied Upon:</p> <p data-bbox="240 631 727 658">Policy - 030.4 Special Investigations Unit, pg. 10</p> <p data-bbox="240 689 703 716">Policy - 350.2 Training & Development, pg. 15</p> <p data-bbox="240 748 440 775">Training Curriculum</p> <p data-bbox="240 806 448 833">Investigations Matrix</p> <p data-bbox="240 864 624 891">Investigator Power Point Presentation</p> <p data-bbox="240 922 416 949">Training Records</p> <p data-bbox="240 981 459 1008">Investigative Records</p> <p data-bbox="240 1039 528 1066">Interviews with Investigators</p> <p data-bbox="240 1095 464 1122">Analysis/Reasoning:</p> <p data-bbox="240 1153 1485 1346">The VADOC trains all Special Investigations Unit Investigators and select staff at facilities. The Patrick Henry Correctional Unit currently has two staff members who have received the specialized training. There are 19 SIU staff who have been trained to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed the training curriculum utilized to train agency investigators. The training developed for Institutional Investigators is titled, "PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings." The PowerPoint Presentation is 174 slides and includes all the bulleted topics as previously listed in the Auditor Discussion portion of this standard.</p> <p data-bbox="240 1377 1461 1467">The Auditor reviewed the agency's training curriculum utilized to train the Special Investigations unit Investigators. The first two modules of the training PowerPoint was developed by the Moss Group, Inc. There are a total of 10 training modules in the 2.5 day class. The training course includes the following modules:</p> <ul data-bbox="282 1525 991 1850" style="list-style-type: none"> • PREA Refresher and Overview of the PREA Investigative Standards • Legal Issues and Agency Liability • Overview of VADOC Policies and Procedures • Agency Culture and Boundary Issues • First Response and Evidence Collection • Forensic Medical Exam • Trauma and Victim Response • Prosecutorial Collaboration • Interviewing Techniques • Report Writing <p data-bbox="240 1881 1485 2074">In addition to the in-person training, the agency requires it's investigators complete the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting" online course. The Auditor verified each investigator course includes interviewing victims, Miranda and Garrity Warnings, evidence collection, and criteria and evidence to substantiate a case. The Auditor reviewed the training records of all SIU and PHCU Investigators. Each investigator had received specialized training for investigators. The agency maintains a training certificate for each investigator. In addition, the training records revealed each investigator received the same training offered to all VADOC employees.</p> <p data-bbox="240 2105 1445 2161">The Auditor formally interviewed one PHCU Sexual Abuse Investigator. The Auditor asked the Investigator to explain the topics included in the specialized training they received. The Investigator articulated the topics as bulleted above in this</p>

standard. The Auditor asked the Investigator to explain the process utilized when conducting investigations. His responses indicate the investigator has been appropriately trained to conduct sexual abuse investigations in confinement settings. The Investigator discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral.

The Auditor conducted a formal interview with an agency SIU Investigator while auditing another VADOC facility. The SIU Investigator informed the Auditor he received training offered by the agency to conduct sexual abuse investigations in a confinement setting. The Investigator explained the SIU conducts sexual abuse and sexual harassment investigations in the facility when the act appears to be criminal in nature. The Investigator had been trained on the bulleted items listed above. The SIU Investigator issues Miranda and Garrity, interviews those involved, collects evidence, and is familiar with the criteria and evidence to substantiate a case. The Investigator explained he is a sworn law enforcement officer and consults with the Commonwealth Attorney's office to discuss sufficient evidence to prosecute a case once he establishes probable cause.

The facility received no allegations during the past 12 months that required referral for criminal investigation by an SIU Investigator. The Auditor reviewed an administrative report from the allegation received at the facility in the past 12 months. A review of the report reveals the Investigator has been appropriately trained to conduct investigations in a confinement setting. The agency utilizes an Investigations Matrix to determine when the facility and/or SIU Investigator is required to conduct the investigation. The matrix provides the following guidance:

- Investigations Handled by Facility
- Investigations Started at Facilities and Passed on to SIU
- Joint Investigations
- Investigations Handled by SIU
- Investigations Handled on Case by Case Basis

A review of the Investigations Matrix revealed the facility is required to conduct an initial PREA, Fraternization and harassment investigation. The matrix informs confirmed PREA allegations are to be passed on to the SIU and the SIU is required to conduct confirmed PREA allegations, confirmed fraternization and sexual assault investigations.

No department of justice component is required to investigate sexual abuse allegations in the Patrick Henry Correctional Unit.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, Investigation Matrix, PowerPoint Presentations, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1437 331">VADOC policy requires the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in the following:</p> <ul data-bbox="280 383 1315 510" style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="240 539 1485 633">In addition to the specialized medical training, agency policy requires medical and mental health care practitioners also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC.</p> <p data-bbox="240 663 1297 689">Medical practitioners at the Patrick Henry Correctional Unit do not conduct forensic medical examinations.</p> <p data-bbox="240 719 488 745">Evidence Relied Upon:</p> <p data-bbox="240 775 778 801">Policy - 701.1 Health Services Administration, pg. 7-8</p> <p data-bbox="240 831 863 857">Policy - 720.7 Emergency Medical Equipment and Care, pg. 9</p> <p data-bbox="240 887 616 913">Policy - 102.6 Staff Orientation, pg. 8</p> <p data-bbox="240 943 730 969">Policy - 350.2 Training and Development, pg. 12</p> <p data-bbox="240 999 443 1025">Training Curriculum</p> <p data-bbox="240 1055 419 1081">Training Records</p> <p data-bbox="240 1111 587 1137">Interview with Medical Practitioner</p> <p data-bbox="240 1167 647 1193">Interview with Mental Health Practitioner</p> <p data-bbox="240 1223 467 1249">Analysis/Reasoning:</p> <p data-bbox="240 1279 1485 1552">Medical and mental health services at the Patrick Henry Correctional Unit are conducted by VADOC employees. The agency employes 2 personnel in the medical section. One is a full-time employee and the other fills in while the full-time employee is not working. Mental Health services are provided by VADOC mental health practitioners from the Green Rock Correctional Center. All personnel in the medical and mental health department are required by agency policy to complete specialized training. The Auditor reviewed the training records of each medical and mental health practitioner. Records reveal each practitioner completed the specialized medical training. The facility documents attendance in specialized medical training. In addition to the specialized medical training, the Auditor verified each medical and mental health practitioner had been provided the training offered to all VADOC staff.</p> <p data-bbox="240 1581 1485 1776">Specialized medical training is provided to medical and mental health practitioners utilizing the National Institute of Corrections, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting." The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is provided the specialized training during their orientation and prior to performing services in the facility.</p> <p data-bbox="240 1805 1485 2134">The Auditor conducted a formal interview with the mental health practitioner during an audit of the Green Rock Correctional Center audit. The Auditor conducted a formal interview with the Patrick Henry Correctional Unit's full-time medical practitioner. Each practitioner informed the Auditor they have received both specialized training and the training offered to all VADOC employees. The Auditor was informed the training was provided during their orientation to the facility and each year thereafter. The Auditor questioned each about the training topics as required by this standard. The Auditor asked the medical practitioner how she treats victims while preserving physical evidence. She explained the victim's life threatening injuries are treated while preserving any evidence in the process. Any clothing removed from the victim are placed in individual paper bags and labeled. She stated if there are no life threatening injuries she will obtain vital sign and obtain as much information as possible from the victim while waiting to transport the victim to the hospital. The Auditor verified each medical practitioner has been educated regarding the requirements of this standard. The Auditor was informed medical and mental health</p>

personnel are required to attend in-service training on an annual basis. The in-service training includes a review of agency policies and procedures towards sexual abuse and sexual harassment and the National Institute of Corrections Specialized Medical Training.

The Auditor was informed by medical and mental health professionals they are required to report any and all knowledge, suspicion or information related to sexual abuse, unless the abuse occurred in a community setting. Each practitioner informed the Auditor they have been trained how to communicate with victims while treating or assessing the victim. The Auditor asked if they had been trained to recognize the signs and symptoms of sexual abuse when they are treating an offender who may have been sent to the medical department for other reasons. Each stated they have been trained and look for signs and symptoms while treating offenders.

Medical personnel at the Patrick Henry Correctional Unit do not conduct forensic examinations. Forensic examinations are performed by a Sexual Abuse Nurse Examiner at the Carillion Roanoke Memorial Hospital.

Conclusion:

The Auditor concluded medical and mental health professionals at the Patrick Henry Correctional Unit have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all VADOC staff. The auditor conducted a review of agency policies, procedures, training curriculum, training records and interviewed medical/mental health practitioners to determine the facility meets the requirements of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1453 365">The agency's policy requires within 24 hours of arrival, prior to bed assignment, a classification assessment will be completed for each new offender entering the DOC and housing assignments will be made accordingly. The classification assessment includes a review of the following factors:</p> <ul data-bbox="280 421 751 678" style="list-style-type: none"> • History of assaultive behavior; • Potential for victimization; • History of prior victimization; • Special medical or mental health status; • Escape history; • Age; • Enemies or Offender separation information; • Any other related information. <p data-bbox="240 707 1485 969">The agency requires the classification assessment is approved within 72 hours of the offender's arrival at the institution. Within 21 days of an offender's arrival, staff are required to meet with the offender and reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the offender's intake screening. Policy dictates the reassessment cannot be completed before 14 days and must be completed before 21 days. The agency also requires an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The agency prohibits offenders from being disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the classification assessment interview.</p> <p data-bbox="240 999 1430 1193">The VADOC has a policy to ensure sensitive information is not exploited to the offender's detriment by staff or other offenders. Policy stipulates, "...responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness will only be disseminated in accordance with this operating procedure." The operating procedure requires the information "...will be used by institutional staff in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive."</p> <p data-bbox="240 1223 488 1249">Evidence Relied Upon:</p> <p data-bbox="240 1279 464 1305">Policy - 810.1, pg. 5-7</p> <p data-bbox="240 1335 464 1361">Policy - 810.2, pg. 4,6</p> <p data-bbox="240 1391 443 1417">Policy - 730.2, pg. 8</p> <p data-bbox="240 1447 443 1473">Policy - 861.1, pg. 6</p> <p data-bbox="240 1503 584 1529">Classification Assessment Details</p> <p data-bbox="240 1559 703 1585">Classification Assessment Details Instructions</p> <p data-bbox="240 1615 424 1641">Offender Records</p> <p data-bbox="240 1671 448 1697">Interviews with Staff</p> <p data-bbox="240 1727 496 1753">Interviews with Offenders</p> <p data-bbox="240 1794 464 1821">Analysis/Reasoning:</p> <p data-bbox="240 1850 1461 1944">The agency uses an electronic record keeping system known as VACORIS. The Auditor reviewed the agency's VACORIS classification assessment form utilized to screen offenders upon admission. The screening tool is objective in nature and includes the following considerations:</p> <ul data-bbox="280 2000 874 2159" style="list-style-type: none"> • Mental, physical, and developmental disabilities; • Age of the offender; • Physical stature; • Previous offenses; • Criminal history, including exclusively non-violent history;

- Prior convictions for sex offenses against adults or children;
- Sexual orientation, including gay, lesbian, bi-sexual, transgender, intersex and gender non-conforming;
- Previous experiences of sexual victimization; and
- Offender's own perception of vulnerability.

In addition, the agency's screening tool considers the following:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

Each offender who enters the Virginia Department of Corrections is screened by a staff member upon admission. The staff member questions the offender utilizing the agency's risk screening tool. All answers are included in the agency's VACORIS. All offenders are classified within 72 hours of arrival at the facility. The risk screening questions are asked of each offender by facility Counselors.

The Auditor conducted a formal interview with the facility Counselor. The Counselor conducts risk screenings of each offender in a private area. The risk assessment is conducted in a manner so other staff and offenders cannot hear the answers provided by the offender being screened. The Auditor asked the Counselor how long after arrival does she conduct the risk screening. The Counselor meets with the offender on their day of arrival. The Auditor was informed offenders are screened within 24 hours, even if the offender arrives on a weekend. The Auditor asked if any reassessments are conducted of offenders. The Counselor informed the Auditor a reassessment is conducted of every offender within 21 days but no sooner than 14 days of the offender's arrival. The Counselor explained a reassessment is conducted when in receipt of a referral, request, and after an incident of sexual abuse.

The Auditor asked the Counselor to explain what she does if an offender refuses to answer the Classification Assessment questions. The Counselor stated she uses the information in CORIS to make housing, programming and education assignments.

The Auditor asked the Counselor if she disciplines an offender for refusing to answer questions on the risk screening assessment. The Counselor stated policy prohibits staff from disciplining an offender for refusal to answer. In addition to classification files viewed in the Online Audit System prior to arrival, the Auditor conducted a review of 20 offender risk screenings and reassessments. Each offender's record included a completed Classification Assessment and reassessment. Each offender had been appropriately screened within 72 hours of their arrival at the Patrick Henry Correctional Unit.

While reviewing classification records, the Auditor observed each file included an initial Classification Assessment and a reassessment of each offender's level of risk for sexual victimization or abusiveness. Each reassessment was conducted within 21 days of the offender's arrival. None of the offenders identified as gay, bisexual, transgender, or intersex. There were no offenders who reported a physical disability, blind, vision impaired, deaf or hard of hearing. None of the offenders disclosed previous sexual victimization and no offender had committed an act of sexual abuse. The Auditor observed two offenders reported a previous diagnosis of a mental illness and one offender reported he felt vulnerable to sexual victimization. There were no offenders identified as gender non-conforming or who were perceived to be such.

The Classification Assessment requires the staff member notate the referral to mental health and document the date the referral was made. The agency's PREA Reassessment form includes the following considerations:

- Has the offender been diagnosed with a mental, physical, or developmental disability not recorded on the Classification Assessment;
- Has the physical build of the offender changed since the Classification Assessment;
- Has the age of the offender changed since the Classification Assessment;
- Has the offender received disciplinary charges since the Classification Assessment;
- Has the offender reported experiencing sexual victimization that was not recorded on the Classification Assessment;
- Is the offender's identification as homosexual, bisexual, transgender, intersex, or gender nonconforming different from what is recorded on the Classification Assessment;
- Has the offenders own perception of vulnerability changed since the Classification Assessment;
- Since arriving at this facility, has the offender been forced or threatened by anyone to engage in sexual activity; and
- Is your perception of whether the offender is gender nonconforming different from what is indicated on the Classification Assessment?

The PREA Reassessment includes a section for the staff member to indicate if the offender is identified as High Risk of

Sexual Victimization or Abusiveness and indicate if a follow-up with the mental health practitioner is offered. There were no offenders at the Patrick Henry Correctional Unit identified as HRSV or HRSA. There were no allegations of sexual abuse made in the facility in the previous 12 months. As such, the Auditor was unable to review an offender's record that showed the facility conducted a reassessment following such.

The Auditor conducted formal interviews with staff. Staff were asked if they had access to the information obtained from the risk screening conducted during the booking process. All randomly selected staff informed the Auditor their access in the VACORIS was limited and they could not see the offender's answers on the Classification Assessment. The Auditor was informed each staff member is provided a unique username and password. The agency limits staff access in VACORIS based upon their position in the agency. Information obtained from the risk screening in VACORIS is limited to those who inform housing, bed, work, education and programming decisions.

The Auditor conducted formal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Each offender stated they had been asked such questions during the booking process. The Auditor asked each offender if anyone at the facility had asked them the same questions after being booked into the facility. Most offenders stated they were asked the same questions a second time and again during their annual evaluation. The Auditor was informed the Counselor asked them questions in a private office. The Patrick Henry Correctional Unit does not conduct a reassessment of vulnerability and aggressiveness prior to transfer to another facility as each VADOC facility is required to conduct an assessment upon the offender's arrival.

At the time of the Audit there were no offenders detained solely for immigration purposes at the Patrick Henry Correctional Unit.

Conclusion:

The agency's classification staff is attempting to discover the level of risk of sexual victimization or sexual abusiveness of offenders during the booking process and within 30 days of an offender's arrival based upon additional information, incidents and referrals. The Auditor reviewed agency policies, procedures, classification assessment tool, offender records, and interviewed staff and offenders to determine the facility meets the requirements of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 600">The policy of the VADOC is to use information from the offender's classification assessment to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Each facility's Work Program Assignment Reviewer is required to review classification assessments to ensure those offenders at high risk of being sexually victimized are separated from those at high risk of being sexually abusive. Agency staff are required to make individualized determinations about how to ensure the safety of each offender. Policy requires the facility take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems when deciding whether to assign a transgender or intersex offender to a male or female facility. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by mental health staff with Gender Dysphoria must be made by the Gender Dysphoria Committee.</p> <p data-bbox="242 629 1490 824">Agency staff are required to seriously consider a transgender and intersex offender's own views with respect to their own safety. Facility housing and programming assignments are reviewed at least twice each year for any threats to safety experienced by transgender and intersex offenders. Each transgender and intersex offender must be given the opportunity to shower separately from other offenders in VADOC facilities. The agency prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated facility, housing unit, or wing solely on the basis of such identification or status.</p> <p data-bbox="242 853 488 880">Evidence Relied Upon:</p> <p data-bbox="242 909 751 936">Policy - 038.3 Prison Rape Elimination Act, pg. 6-7</p> <p data-bbox="242 965 879 992">Policy - 425.4 Management of Bed and Cell Assignments, pg. 3</p> <p data-bbox="242 1021 954 1048">Policy - 730.2 MHWS: Screening, Assessment and Classification, pg. 4</p> <p data-bbox="242 1077 946 1104">Policy - 810.2 Transferred Offender Receiving and Orientation, pg. 4-5</p> <p data-bbox="242 1133 703 1160">Policy - 841.2 Offender Work Programs, pg. 6</p> <p data-bbox="242 1189 847 1216">Policy - 810.1 Offender Reception and Classification, pg. 5-6</p> <p data-bbox="242 1245 831 1272">Policy - 830.5 Transfers, Institution Reassignments, pg. 10</p> <p data-bbox="242 1301 619 1328">High Risk of Sexual Abusiveness Log</p> <p data-bbox="242 1357 619 1384">High Risk of Sexual Victimization Log</p> <p data-bbox="242 1413 424 1440">Offender Records</p> <p data-bbox="242 1469 448 1496">Interviews with Staff</p> <p data-bbox="242 1525 467 1552">Analysis/Reasoning:</p> <p data-bbox="242 1581 1490 1928">The Auditor reviewed offender classification records. Of the records reviewed there were no offenders who identified as transgender, none perceived as gender nonconforming and no offenders who identified as gay or bisexual. The classification assessment form requires staff make individualized considerations when determining housing, bed, work and other assignments to ensure each offender is maintained safely in the facility. The assessment form considers an offender's own views of safety when determining assignments. A review of records identified one offender reported feeling vulnerable to sexual victimization. The Auditor observed classification staff is utilizing information obtained from the risk screening to assign facility housing, bed, and work assignments to ensure those offenders are protected. Counselors ensure offenders identified at risk of victimization are not placed in housing, program or education assignments with those identified as potential abusers. The facility has not had an offender identified at risk of sexual victimization during this audit period.</p> <p data-bbox="242 1957 1490 2119">Counselors consider an offenders own perceptions of their safety before making housing, programming, education and work decisions. The screening tool includes sections where the Counselor documents his/her own perceptions of the offender. The facility does not house LGBTI offenders in a dedicated housing unit. The Auditor asked staff how transgender offenders are afforded the opportunity to shower separately from other offenders. Staff stated they can shower separately from other offenders when no offenders are allowed in the basement (dayroom).</p>

The Auditor formally interviewed the facility Counselor. The Counselor was asked to discuss the classification process with transgender and intersex offenders. The Auditor asked if the Counselor seriously considers a transgender/intersex offenders own perception regarding their safety in the facility. The Counselor informed the Classification Assessment requires her to ask offenders about their own perception regarding safety. The Auditor asked the Counselor how often transgender and intersex offenders housing and placement assignments are reviewed. The Auditor was informed the reassessment is conducted at least every six months. The reviews are documented in the VACORIS electronic record.

The Auditor observed all housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex offenders have the opportunity to shower separately from other offenders if they are allowed to shower while other offenders are confined to their housing unit. The Auditor was informed the facility has not housed a transgender or intersex offender. In the event a transgender/intersex offender is housed at the PHCU they would be offered a shower while other offenders are confined to their housing unit.

At the time of the audit the Patrick Henry Correctional Unit was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex offenders. The facility reported there were no transgender, intersex, gay, or bisexual offenders housed at the time of the audit. The Auditor discovered no evidence an offender identified as transgender, intersex, gay or bisexual.

Conclusion:

The Auditor concluded Counselors are making individualized determinations when assigning housing, bed, work, programming and education assignments to offenders. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization. The facility has a plan in place to allow transgender and intersex offenders the opportunity to shower separately from other offenders. The Auditor conducted a thorough review of policies, procedures, offender records, made observations and interviewed staff to determine the facility meets the requirements of this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 533">The Virginia Department of Corrections prohibits placing offenders at high risk for sexual victimization in restrictive housing without their consent unless an assessment of all available alternatives has been made, and a determination has been made by the Qualified Mental Health Professional in consultation with the Regional PREA Analyst and Shift Commander that there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. This information is documented by the Shift Commander on the Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. Policy allows the offender to be placed in restrictive housing unit for up to two hours if the assessment cannot be completed immediately.</p> <p data-bbox="240 562 1485 757">Agency policy provides programs and services similar to those available to general population offenders to offenders in restrictive housing, to the extent feasible. Policy clearly requires staff document the opportunities that have been limited, the duration of the limitation and the reason for such limitations on the Denial of Activity or Service form when those identified as HRSV, or who have alleged to have suffered sexual abuse or sexual harassment are denied activities or services while in restrictive housing. Staff may place such offenders in restrictive housing only until an alternative means of separation from likely abuse can be arranged. The agency stipulates the assignment will not ordinarily exceed 30 days.</p> <p data-bbox="240 786 488 813">Evidence Relied Upon:</p> <p data-bbox="240 842 475 869">Policy - 425.4, pg. 8,14</p> <p data-bbox="240 898 443 925">Policy - 810.1, pg. 5</p> <p data-bbox="240 954 826 981">Policy - 830.5 Transfers, Institution Reassignments, pg. 11</p> <p data-bbox="240 1010 946 1037">Policy - 810.2 Transferred Offender Receiving and Orientation, pg. 4-5</p> <p data-bbox="240 1066 938 1093">Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p data-bbox="240 1122 451 1149">HRSA/HRSV Report</p> <p data-bbox="240 1178 408 1205">Housing Record</p> <p data-bbox="240 1234 448 1261">Interviews with Staff</p> <p data-bbox="240 1290 467 1317">Analysis/Reasoning:</p> <p data-bbox="240 1346 1485 1518">The facility reported no offender was placed in involuntary segregated housing for protection as a result of being identified as high risk of sexual victimization. The Auditor reviewed housing and classification records and discovered no evidence an offender had been identified at high risk of sexual victimization and placed in involuntary segregated housing as a result of such identification. The Patrick Henry Correctional Unit does not have a segregated housing unit. The PHCU has four individual holding cells. No offender had been placed in a holding cell for the protection from sexual abuse.</p> <p data-bbox="240 1547 1485 1787">The Auditor conducted formal interviews with the facility Counselor and security supervisors. The Auditor discussed the process of placing an offender identified at high risk of sexual victimization in involuntary segregated housing. Staff informed the Auditor the facility does not have a segregated housing unit. Any offender requiring protection is transferred from the facility. Offenders may be placed in a holding cell for up to 24 hours pending transportation to another VADOC facility. The PHCU has two housing units in the facility. The Auditor questioned staff to gain an understanding of the policies in the event staff utilized a holding cell for such purpose. The Auditor was informed an immediate assessment is conducted to review if the offender could be safely housed in the other housing unit.</p> <p data-bbox="240 1816 1485 1944">When an offender requires placement in a Restrictive Housing Unit for protection from sexual abuse the facility transfers the offender to another VADOC facility. Any offender requiring protection would not be housed at the PHCU. Staff understand the agency requirement to complete an immediate assessment and document the assessment on the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. The form includes the following information:</p> <ul data-bbox="280 1973 1485 2157" style="list-style-type: none"> • Can the offender be reassigned to another housing unit; • Was another alternative to involuntary segregated housing used, list option; • Can offender be transferred to another facility; • If allegation was made and staff is alleged perpetrator, was the staff member placed on administrative leave or placed on another post;

- Was the offender or alleged victim reassigned to Special Housing/Restrictive Housing Unit for Protective Custody; and
- Is access to programs, privileges, education, or work opportunities restricted, if yes list which ones and why?

The Sexual Abuse/Sexual Harassment Available Alternatives Assessment form requires the Warden's signature and date. The form must be emailed to the Regional PREA/ADA Analyst. The form stipulates staff must make an assessment of all available alternatives and a determination that no available alternative means of separation from likely abusers exists prior to placing an offender at high risk of sexual victimization or an offender who has alleged sexual abuse or sexual harassment in involuntary segregated housing.

The Auditor asked supervisors and Counselor how they avoid placing an offender at high risk of sexual victimization in the Restrictive Housing Unit. The Auditor was informed the facility has two housing units available for placement. In most cases, the facility would be unable to maintain separation of the offenders so one offender would be transferred if there is a threat or likelihood of sexual abuse. Staff informed the Auditor an offender would be placed in the holding cell while waiting transfer. When asked how long it takes to transfer an offender the Auditor was informed the transfer must take place within 24 hours. The Auditor asked the facility Warden how difficult it is to transfer an offender. The Warden stated he can transfer an offender as long as there is a legitimate need to transfer. Each supervisor was asked if an offender identified as high risk of sexual victimization receives opportunities to attend programs, education, work and/or receive other privileges. The Auditor was informed the facility does not have a restrictive housing unit.

The Auditor asked supervisors and Counselor when the last time an offender was placed in a holding cell for the protection from sexual abuse. The Auditor was informed the facility has not placed an offender in a holding cell for the protection from sexual abuse. The Auditor asked supervisors and Counselors what they would do if they determine an offender could not be safely housed in the facility. The Auditor was informed they would recommend the offender be transferred to another facility.

The Auditor conducted a formal interview with a staff member who supervises offenders in the holding cells. The staff member was asked if offenders in the holding cell receive access to programs, privileges, work and education. The Auditor was informed any offender who is placed in the holding cell is transferred to another facility. The Auditor asked how long offenders are typically in the holding cells. The Auditor was informed offenders are generally in the holding cell less than a day. The Auditor asked the staff member if there has been an offender placed in a holding cell who had been identified at high risk of sexual victimization. The staff member stated an offender has not been placed in a holding cell for that reason.

The Auditor conducted a detailed tour of the facility. Observations were made of all offender housing units. The Auditor observed two areas which can house offenders to ensure those identified at high risk of sexual victimization are separated from sexual abusers and without placing the offender in involuntary segregated housing. The Auditor reviewed the facility's Offender Alert Report. The Offender Alert Report identifies those who have been designated as high risk of sexual victimization (HRSV) and those designated at high risk for being sexually abusive (HRSA). The Auditor observed there were no offenders identified as such.

At the time of the audit there were no offenders who identified as gay, bisexual, transgender, intersex, or gender non-conforming. There have been no offenders at the facility during the previous 12 months who disclosed previous victimization during their booking process. The facility has not housed an offender identified as high risk of sexual victimization or high risk of sexual abusiveness in the previous 12 months.

Conclusion:

The facility has appropriate procedures in place to ensure offenders identified at high risk of sexual victimization who are placed in a holding cell receive appropriate placement, reviews and other privileges. The Auditor reviewed VADOC policies, procedures, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, HRSA/HRSV Report, made observations and interviewed staff to determine the facility meets the requirements of this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 398">The Virginia Department of Corrections policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders at the Patrick Henry Correctional Unit may report verbally or through written communication in the following manners:</p> <ul data-bbox="280 450 1485 645" style="list-style-type: none"> • Verbally to any staff member including chaplains, medical, mental health or counselors, security staff or administrators • Using the Sexual Assault Hotline Number • Offender Request Form • Informal Complaint Form • Grievance or Emergency Grievance • Third-Party <p data-bbox="240 674 1445 801">The agency allows offenders to privately report sexual abuse to a private entity that is not part of the agency. The private entity is able to immediately forward allegations of sexual abuse and sexual harassment to the agency. The entity allows offenders to remain anonymous upon their request. The agency provides this reporting avenue to offenders through a contract with the Virginia Sexual and Domestic Violence Action Alliance.</p> <p data-bbox="240 831 1485 1025">The Virginia Department of Corrections requires staff to accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and requires staff promptly document verbal reports on an Internal Incident Report with PREA checked in the description field. The agency also requires staff accept any report of sexual abuse and sexual harassment made on an informal complaint, request form or through the offender grievance procedure and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.</p> <p data-bbox="240 1055 1414 1115">The agency's policy stipulates staff can privately report sexual abuse and sexual harassment of offenders through the established reporting hotline (telephone number provided).</p> <p data-bbox="240 1144 488 1171">Evidence Relied Upon:</p> <p data-bbox="240 1200 842 1227">Policy - 038.1 Reporting Serious or Unusual Incidents, pg. 5</p> <p data-bbox="240 1256 632 1283">Policy - 801.6 Offender Services, pg. 1</p> <p data-bbox="240 1312 751 1339">Policy - 038.3 Prison Rape Elimination Act, pg. 8-9</p> <p data-bbox="240 1368 730 1395">Policy - 803.3 Offender Telephone Service, pg. 9</p> <p data-bbox="240 1424 959 1451">Policy - 866.1 Offender Grievance Procedure, Institutions, pg. 4, 6-8, 14</p> <p data-bbox="240 1480 496 1507">Zero Tolerance Brochure</p> <p data-bbox="240 1536 539 1563">Inmate Orientation Handbook</p> <p data-bbox="240 1592 879 1619">Virginia Sexual and Domestic Violence Action Alliance Contract</p> <p data-bbox="240 1648 448 1675">Investigative Record</p> <p data-bbox="240 1704 443 1731">Interviews with Staff</p> <p data-bbox="240 1760 496 1787">Interviews with Offenders</p> <p data-bbox="240 1816 464 1843">Analysis/Reasoning:</p> <p data-bbox="240 1872 1430 1933">The Auditor reviewed the facility's Inmate Orientation Handbook. The handbook includes a section regarding the Prison Rape Elimination Act. The Inmate Orientation Handbook informs offenders they may report allegations:</p> <ul data-bbox="280 1984 807 2134" style="list-style-type: none"> • Verbally to a staff member • To a third party • Sexual Abuse Hotline (number provided) • National Sexual Abuse Hotline (number provided)

- In writing using an inmate request, Informal Complaint, Regular Grievance or Emergency Grievance

The Auditor reviewed the agency's Zero Tolerance Brochure. Each offender is provided the brochure during their intake. The brochure informs offenders to report sexual abuse or sexual harassment by:

- Verbally to staff
- Call #55
- Ask family or friends to report (email address, telephone number and address provided)

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The VSDVAA has agreed to:

- "The toll-free Family Violence and Sexual Assault Hotline (statewide hotline) shall be a resource for reporting sexual abuse or assault available to victims (DOC offenders) statewide who desire an external method of reporting. The statewide hotline number shall be provided to offenders on request. Those incarcerated shall be advised at orientation that this method of reporting exists; and
- The Action Alliance, in keeping with state and federal law, shall ensure confidentiality for all callers to the statewide hotline, including incarcerated victims in keeping with the Action Alliance confidentiality and release of information policies. Should a DOC victim agree to the release of information, the Action Alliance shall immediately forward any reports of sexual abuse or assault to the PREA Coordinator (number provided)."

The Auditor participated in a detailed tour of the Patrick Henry Correctional Unit. The tour included all offender housing units and support areas. Observations were made of posters and postings throughout the facility that inform offenders about the agency's zero-tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. The postings include the agency's available hotline number to the Family Violence and Sexual Assault Hotline. Offenders are not required to input a designated PIN number to dial the hotline number. This ensures offenders can remain anonymous upon request. The Auditor has tested the hotline utilizing an inmate telephone. The Auditor received an immediate response from the Hotline Coordinator.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to the offender population. All staff are provided the training in orientation, during the Correctional Officer Basic Course and during annual inservice training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's policy. The policy states, "Staff can privately report the sexual abuse and sexual harassment of offenders through the established reporting hotline at [number provided]."

The Auditor reviewed the Virginia Department of Corrections website. The website includes a link to access its PREA information. The public has access to the VADOC reporting avenues. The public is informed how to make an allegation on behalf of an offender. The website's "Report Abuse" states, "If you have or someone you know has been sexually abused or sexually harassed while in custody or under supervision of the Virginia Department of Corrections (VADOC), safely report the incident:

- Call the 24/7 confidential reporting hotline at (number provided)
- File a complaint by completing the Third Party Reporting Form. The form is also available in Spanish
- Send an email to (email address provided)."

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports of sexual abuse, sexual harassment, retaliation and staff neglect. Staff informed the Auditor they are required to accept such reports. Each staff member stated they are required to document verbal allegation. Staff stated they are required to report allegations immediately to the Shift Commander and include the information on an Internal Incident Report. Each staff member was asked how they would privately report an allegation. Responses provided to the Auditor included: through the hotline, to a supervisor, and anonymously in writing.

The Auditor conducted formal interviews with randomly chosen and one specifically targeted offender. Offenders were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. Each offender informed the Auditor they would tell a staff member. Every offender interviewed by the Auditor stated they are confident in staffs ability to maintain their information confidentially and were confident staff would handle an allegation appropriately. Offenders understand the available reporting avenues and are aware of the hotline, anonymous reporting and third-party reporting. Offenders understand they can make an allegation through an emergency grievance.

The Auditor reviewed an investigative report from an allegation received in the previous 12 months. The Auditor observed the allegation was made through the sexual abuse hotline. The Hotline Coordinator immediately notified the facility

of the allegation. The facility staff member who received the allegation from the Hotline Coordinator documented the allegation on a written Incident Report. The investigator was immediately notified of the allegation. The allegation was investigated by the facility investigator.

There were no staff members who privately reported an allegation of sexual abuse or sexual harassment against an offender during the previous 12 months.

At the time of the Auditor there were no offenders detained solely for civil immigration purposes.

Conclusion:

The Virginia Department of Corrections provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment, including a public office that is not part of the agency who immediately forwards reports of sexual abuse and sexual harassment to the Regional PREA/ADA Analyst. The facility requires staff accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed agency policies, procedures, Inmate Orientation Handbook, Zero Tolerance Brochure, Website, postings, investigative report, MOU, training records, made observations, interviewed staff, offenders, and determined the facility meets the requirements of this standard.

115.52	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 566">The Virginia Department of Corrections is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. The agency does apply time limits to any portion of a grievance that does not allege and incident of sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or participate in any process which requires interaction with the perpetrator. Policy states, "An offender is not required to use the informal complaint process or otherwise attempt to resolve with staff any alleged incident of sexual abuse or sexual harassment." VADOC policy stipulates nothing in the policy shall restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p data-bbox="240 598 1477 824">The agency's policy allows offenders to consider the expiration of a time limit at any stage of the process as a denial and qualifies the grievance for appeal to the next level of review. Agency emergency grievances alleging sexual abuse, sexual harassment, or a substantial risk of imminent sexual abuse are immediately forwarded to the Administrative Duty Officer or Shift Commander. Staff are required to take necessary and timely action to protect the offender and resolve the emergency. An initial response is required within 8 hours of receipt. The initial (within 8 hours) and final decision (within 2 days) documents the facility's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p data-bbox="240 855 1493 1050">The agency allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing offender grievances relating to allegations of sexual abuse and allows the third party to file such requests on behalf of offenders. Third party filing requests are submitted to the PREA Compliance Manager. The facility requires, as a condition of processing the request, the alleged victim agree to have the request filed on his or her behalf, and will also require the alleged victim to personally pursue any subsequent steps in the process. If the offender declines to have the request processed on his or her behalf, the facility is required to document the decision.</p> <p data-bbox="240 1081 1489 1140">Policy allows staff to discipline an offender for filing a grievance related to an allegation of sexual abuse only when the facility can demonstrate the offender filed the grievance in bad faith.</p> <p data-bbox="240 1171 488 1198">Evidence Relied Upon:</p> <p data-bbox="240 1229 730 1256">Policy - 038.3 Prison Rape Elimination Act, pg. 8</p> <p data-bbox="240 1288 1023 1314">Policy - 866.1 Offender Grievance Procedure, Institutions pg. 5-8,10-12, 14-16</p> <p data-bbox="240 1346 541 1373">Inmate Orientation Handbook</p> <p data-bbox="240 1404 446 1431">Interviews with Staff</p> <p data-bbox="240 1462 497 1489">Interviews with Offenders</p> <p data-bbox="240 1520 466 1547">Analysis/Reasoning:</p> <p data-bbox="240 1579 1493 1836">The Auditor reviewed the PHCU Inmate Orientation Handbook. The handbook includes a section regarding the submission of grievances. The Grievance section informs offenders, "Inmates are not required to use the informal complaint process or otherwise attempt to resolve with staff any alleged incident of Sexual abuse and sexual harassment reported through the informal complaint process and must immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and the PREA Compliance Manager." The handbook informs the population staff are required to forward written complaints alleging sexual abuse and sexual assault to the PREA Compliance Manager for investigation. The handbook states, "There is no time frame for reporting sexual abuse or sexual harassment allegations through the grievance process.</p> <p data-bbox="240 1868 1493 2063">The Auditor conducted formal interviews with offenders. Offenders were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Most offenders asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Offenders interviewed stated they would rather verbally inform staff of an allegation. The offender population is aware they can make an allegation of sexual abuse anonymously. None of the offenders interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.</p> <p data-bbox="240 2094 1493 2152">The Auditor conducted interviews with facility staff. Staff were asked if offenders could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware offenders could file such grievances.</p>

Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender.

Supervisors ensure an offender alleging an imminent risk of sexual abuse is separated from the potential risk. The offender alleging a risk of sexual abuse would be removed from the potential abuser while an immediate investigation takes place to determine if the offender is at risk. The Auditor was informed the offender is provided a response within 8 hours. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance.

The Auditor discussed disciplining an offender who has submitted an emergency grievance alleging sexual abuse in bad faith with the investigators. The Auditor was informed staff must have proof the offender submitted an allegation in bad faith. The Auditor was informed the facility has to get approval from the Regional PREA/ADA Analyst prior to placing a disciplinary charge on an offender for such. The Regional PREA/ADA Analyst reviews details of the allegation and investigative findings to ensure there is sufficient evidence to prove the offender submitted the allegation in bad faith. If such is determined, the Regional PREA/ADA Analyst may authorize the disciplinary charge.

The Patrick Henry Correctional Unit received no allegations of sexual abuse within the previous 12 months. The facility received no grievances alleging an imminent risk of sexual abuse within the previous 12 months. There was no offender who requested or had a third party file an allegation on their behalf.

Conclusion:

The Auditor determined the VADOC has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed agency policies, procedures, Inmate Orientation Handbook, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1474 499">The Virginia Department of Corrections provides offenders access to confidential emotional support services related to sexual abuse through a contract with a community provider. Policy requires VADOC facilities enable reasonable communications between offenders and the organization, in as confidential manner as possible. Facilities are required to inform offenders prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Agency offenders can contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for information on accessing outside victim advocates for free emotional support services related to sexual abuse or may use the Sexual Abuse Hotline.</p> <p data-bbox="240 528 488 555">Evidence Relied Upon:</p> <p data-bbox="240 584 743 611">Policy - 038.3 Prison Rape Elimination Act, pg. 13</p> <p data-bbox="240 640 507 667">Zero Tolerance Brochures</p> <p data-bbox="240 696 879 723">Virginia Sexual and Domestic Violence Action Alliance Contract</p> <p data-bbox="240 752 539 779">Inmate Orientation Handbook</p> <p data-bbox="240 808 445 835">Interviews with Staff</p> <p data-bbox="240 864 497 891">Interviews with Offenders</p> <p data-bbox="240 920 464 947">Analysis/Reasoning:</p> <p data-bbox="240 976 1461 1043">The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The MOU stipulates VSDVAA agrees to the following, but not limited to, services:</p> <ul data-bbox="280 1095 1477 1395" style="list-style-type: none"> • Provide a toll-free Hotline for reporting sexual abuse or assault to victims statewide; • Ensure confidentiality for all callers, including incarcerated victims, keeping with confidentiality and release of information policies. Should a DOC victim agree to the release of information, the VSDVAA will immediately forward and report of sexual abuse or assault to the Regional PREA Analyst; • Provide statewide Hotline confidential crisis intervention and emotional support services related to all sexual abuse or assault victims; and • Seek to link DOC victims to accompaniment services through a trained victim advocate when victims request the service. This may include participation in forensic exams, investigations and may also include follow-up visits or communications. <p data-bbox="240 1424 1477 1581">Each offender is provided a Zero Tolerance Brochure upon booking. The brochure includes the address and telephone number to the VSDVAA. The brochure informs offenders to dial "#55" on the phone system to access the VSDVAA. The brochure states counseling for sexual abuse treatment is confidential. Each offender receives an Inmate Orientation Handbook upon arrival. The handbook informs offenders they can contact an outside advocate for free emotional support by dialing #55 (option 2) or write to the Action Alliance. The handbook provides the address.</p> <p data-bbox="240 1610 1477 1872">Each offender signs a Preventing Sexual Abuse and Assault Training Acknowledgement form after being provided the written information and comprehensive education upon arrival. The Auditor reviewed the Preventing Sexual Abuse and Assault Training Acknowledgement forms of 20 offenders, in addition to forms provided by the facility in the Online Audit System prior to the Auditor's arrival. Each offender had signed the acknowledgement form. Section 5 of the comprehensive education portion of the acknowledgement form includes, "What to Remember (Includes Emotional Support Services available by dialing #55, option 2 or writing [address provided]." Offenders sign acknowledging receipt of the comprehensive education. The comprehensive education informs offenders the services related to emotional support are free and confidential.</p> <p data-bbox="240 1901 1493 2096">The Auditor conducted formal interviews with offenders. Each offender was asked if they were aware of confidential support services. Most offenders are aware the facility offers services through an outside organization. Each offender who was not aware was asked if they received written information and had seen the PREA posters in the facility. Each had received the written information and have seen the posters in the facility. The Auditor asked each if they knew how to access the services. Some offenders understand how to access crisis intervention services. None of the offenders interviewed had met with or spoke to an advocate by telephone.</p> <p data-bbox="240 2125 1461 2152">The Auditor conducted an interview with a victim advocate from the Virginia Sexual and Domestic Violence Action Alliance</p>

on a previous agency audit. The advocate was asked to discuss the services provided to victims of sexual abuse for VADOC offenders. The advocate discussed the items agreed to in accordance with the MOU with the agency. The Auditor asked if the organization would come to the facility to provide services to victims. She stated if the organization determined a need to provide services in person they would do so. The Advocate was asked if referrals were made by the VSDVAA. The Auditor was informed they do make referrals when needed.

The Auditor conducted an interview with the facility Investigator and an SIU Investigator. Each Investigator was asked if offender victims have access to confidential support services. The Auditor was informed victims are informed of the VSDVAA and facility mental health services following an incident of sexual abuse. The facility's medical and mental health practitioners also discuss services with the offender victim following an allegation. The Investigators stated the VSDVAA is contacted when an offender requests the presence of an advocate during the forensic examination. The Investigators stated Shift Commanders are required to follow a checklist following an incident of sexual abuse. The checklist requires the Shift Commander document the notification to mental health practitioners. The facility notifies offenders the VSDVAA telephone conversations are not monitored by agency personnel.

No offenders have requested outside community support services during the previous 12 months.

At the time of the audit there were no inmates detained solely for civil immigration purposes.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through written agreements. Contact information with the organization is provided by intake personnel through the Zero Tolerance Brochure, Inmate Orientation Handbook, and comprehensive education. The Auditor reviewed agency policies, procedures, Memorandum of Understanding, Inmate Orientation Handbook, Zero Tolerance Brochure, training acknowledgements and interviewed staff, offenders and victim advocate to determine the facility meets the requirements of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1458 360">The Virginia Department of Corrections has established a policy to accept third-party reports of sexual abuse and sexual harassment. The policy informs contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site.</p> <p data-bbox="242 396 488 423">Evidence Relied Upon:</p> <p data-bbox="242 454 730 481">Policy - 038.3 Prison Rape Elimination Act, pg. 8</p> <p data-bbox="242 510 408 537">Agency Website</p> <p data-bbox="242 566 517 593">Third Party Reporting Form</p> <p data-bbox="242 622 496 649">Zero Tolerance Brochure</p> <p data-bbox="242 678 539 705">Inmate Orientation Handbook</p> <p data-bbox="242 734 399 761">Facility Posters</p> <p data-bbox="242 790 445 817">Interviews with Staff</p> <p data-bbox="242 846 496 873">Interviews with Offenders</p> <p data-bbox="242 902 376 929">Observations</p> <p data-bbox="242 965 464 992">Analysis/Reasoning:</p> <p data-bbox="242 1023 1484 1220">The Auditor conducted a review of the Patrick Henry Correctional Unit Inmate Orientation Handbook. The handbook informs offenders of the facility's reporting methods. The Inmate Orientation Handbook informs offenders they may have a third-party report allegations of sexual abuse or sexual harassment on their behalf. The handbook states, "Reports of sexual abuse by a third party can include other inmates, staff members, family members, attorneys and other outside advocates." Each offender is provided an Inmate Orientation Handbook upon their arrival.</p> <p data-bbox="242 1249 1490 1379">Each offender is provided the agency's Zero Tolerance Brochure upon arrival. The Auditor reviewed the agency's Zero Tolerance Brochure. The brochure informs offenders they may ask a family member or friend to report an allegation for them. Each offender is provided the brochure upon their arrival. The Auditor reviewed the agency's website. The website includes a link to the agency's Prison Rape Elimination Act information. The website directs the public to:</p> <ul data-bbox="280 1429 1315 1525" style="list-style-type: none"> • "Call the 24-7 confidential reporting hotline at (number provided); • File a complaint by completing the Third Party Reporting Form. The form is also available in Spanish; Send an email to (email address provided)." <p data-bbox="242 1554 1490 1751">The agency's website includes the Third Party Reporting Form. The Third Party Reporting Form is hyperlinked. When accessing the form instructions are included for the public to mail the form and provides the postal address. The email address of the PREA Coordinator is provided. The public can complete the form and email it to the PREA Coordinator. The Auditor participated in a detailed tour of the Patrick Henry Correctional Unit. During the tour the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. The PHCU materials inform offenders they may have a third party make an allegation of sexual abuse and sexual harassment on their behalf.</p> <p data-bbox="242 1780 1445 1942">The Auditor conducted formal interviews with staff. Staff were asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they are required to accept all reports of sexual abuse and sexual harassment, including third party reports. Staff stated they immediately report the allegation to their supervisor and are required to document the information on an Internal Incident Report. Staff stated the agency's policy requires them to document all verbal allegations received by offenders.</p> <p data-bbox="242 1971 1477 2132">The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders' collective responses included telling a staff member or any person they trust, filing a grievance or emergency grievance, submitting an informal complaint, calling the sexual abuse hotline, or having another person make the allegation on their behalf. Most offenders understand they can have a third party file an allegation on their behalf. Most offenders understand they can file an allegation anonymously.</p>

The Auditor conducted a formal interview with the facility and SIU Investigator. Investigators were asked in what ways they have received reports of sexual abuse and sexual harassment. The facility Investigator has received one allegation that was made through the hotline. The SIU Investigator explained he has received allegations by a third party and anonymously. Investigators explained they conduct investigations of all allegations to the fullest extent, regardless of how they are made.

The facility has not received an allegation made by a third-party or an anonymously made allegation within this audit cycle.

Conclusion:

The Auditor determined the facility accepts all reports, including third party reports, of sexual abuse and sexual harassment. The public is informed through the agency website how to make a third-party report on behalf of an offender. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Inmate Orientation Handbook, Zero Tolerance Brochure, Third Party Reporting Form, interviewed staff and offenders, made observations and determined the facility meets the requirements of this standard.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 465">The Virginia Department of Corrections has established a policy that requires any employee, contractor, or volunteer to immediately report any knowledge, suspicion, or information regarding an incident to sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Agency staff are prohibited from reporting information related to a sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions, apart from reporting to supervisors.</p> <p data-bbox="240 499 1493 723">At the initiation of services, Qualified Mental Health Professionals are required to advise the offender of the practitioner's duty to report and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation. Medical and mental health practitioners are required by policy to report any knowledge, suspicion, or information regarding an incident to sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Medical and mental health practitioners are mandatory reports for offenders under the age of 18.</p> <p data-bbox="240 757 1453 846">The agency's policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator and will immediately notify the PREA Analyst of the allegation.</p> <p data-bbox="240 880 488 909">Evidence Relied Upon:</p> <p data-bbox="240 936 842 965">Policy - 038.1 Reporting Serious or Unusual Incidents, p.g 5</p> <p data-bbox="240 992 730 1021">Policy - 038.3 Prison Rape Elimination Act, pg. 9</p> <p data-bbox="240 1048 959 1077">Policy - 730.2 MWHS: Screening, Assessment, and Classification, pg. 8</p> <p data-bbox="240 1104 632 1133">Policy - 801.6 Offender Services, pg. 1</p> <p data-bbox="240 1160 448 1189">Investigative Record</p> <p data-bbox="240 1216 440 1245">Training Curriculum</p> <p data-bbox="240 1272 416 1301">Training Records</p> <p data-bbox="240 1328 448 1357">Interviews with Staff</p> <p data-bbox="240 1384 496 1413">Interviews with Offenders</p> <p data-bbox="240 1440 464 1469">Analysis/Reasoning:</p> <p data-bbox="240 1503 1382 1570">The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the Patrick Henry Correctional Unit.</p> <p data-bbox="240 1574 1485 1798">Each staff member was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff informed the Auditor they were required to report such. Staff informed the Auditor they were required to document such allegations on an Internal Incident Report. Staff informed the Auditor they are required to submit reports promptly after receiving an allegation.</p> <p data-bbox="240 1832 1485 2000">During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, classification, medical/mental health practitioners and investigators. Staff understands the agency policy requiring them to discuss information with those who can make treatment, medical and housing decisions.</p> <p data-bbox="240 2022 1485 2157">The Auditor conducted formal interviews with medical and mental health practitioners. Practitioners were asked if medical and mental health personnel are required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. The Auditor was informed they are required to report such immediately. The Auditor asked how they would report the</p>

information. The practitioners informed the Auditor they verbally report the information to the Shift Commander. The practitioners stated they are required to inform offenders of their duty to report and the limitations on confidentiality at the initiation of services. Offenders are provided a consent form at the initiation of services. Offenders sign the form during the intake process. Mental health practitioners renew the limitations on confidentiality form every year with offenders under their care.

The Auditor asked who medical/mental health practitioners report information related to a sexual victimization that occurred in a community setting to. Medical and mental health practitioners do not report community victimization without obtaining written informed consent from the offender. The Auditor asked if there has been a situation where medical or mental health had to report sexual victimization that occurred in a community setting. The Auditor was informed there has not been a need to report such information. Medical and mental health practitioners informed the Auditor they are mandatory reporters for youthful offenders and of victimization that occurred in a confinement setting. The facility has not housed a youthful offender within the previous 12 months. The Auditor was informed the facility does not house youthful offenders.

The Auditor conducted formal interviews with Investigators. The Auditor asked Investigators if they have conducted investigations of allegations that were reported by third parties. Investigators informed the Auditor they have conducted investigations that were alleged by a third party. Investigators stated they investigate all allegations regardless of how they are reported or received. The Auditor asked if investigations are conducted of allegations made anonymously. Investigators do conduct investigations of anonymously reported allegations. Each Investigator was asked if they attempt to discover if staff actions or lack thereof, contributed to an incident of sexual abuse. The Auditor was informed Investigators do attempt such. Findings of such are included in the written investigative report and discussed with command staff so appropriate action(s) can be taken, if warranted.

The Auditor conducted formal interviews with randomly selected and one specifically targeted offender. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Each offender stated they are confident staff would maintain confidentiality of the information. There were no youthful offenders housed at the facility for the Auditor to interview at the time of the audit.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors includes their duty to report allegations of sexual abuse and sexual harassment. Each is required to read the agency's policies and sign receipt for such on an annual basis. The Auditor verified through training records each staff member, contractor and volunteer had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor previously conducted formal interviews with agency contractors and interviewed one facility volunteer by telephone. Each was asked if they are required to report allegations of sexual abuse and sexual harassment. Each stated the agency requires them to immediately report such allegations. The Auditor asked if they had received training from the facility. Each stated they have received training and were informed of the agency's requirement to report all allegations and knowledge of sexual abuse and sexual harassment to a security staff member.

The Auditor reviewed the investigative record of an allegation made during the previous 12 months. A review of the record reveals staff are documenting and reporting knowledge, suspicions and information related to sexual abuse. The Auditor observed the investigative report included an Incident Report of a staff member that was alerted of an allegation. The investigator was immediately notified of the allegation.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the VADOC requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful offenders. The offender population is confident in staff's abilities. The Auditor reviewed agency policies, procedures, training curriculum, investigative report, conducted interviews with staff, contractors, and offenders to determine the facility meets the requirements of this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1484 465">Agency policy requires a staff member, volunteer or contractor immediately notify their supervisor or the Officer-in-Charge when learning an offender is subject to a substantial risk of imminent sexual abuse. The Officer-in-Charge is required to take immediate action to ensure the protection of the offender. The agency's policy defines "Keep Separate" as, "A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; 'Keep Separate' determination is not required but may be based on:...The offender is subject to a substantial risk of sexual abuse from a specific, identified offender."</p> <p data-bbox="240 499 1433 591">The agency requires the Psychology Associate immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization.</p> <p data-bbox="240 624 488 651">Evidence Relied Upon:</p> <p data-bbox="240 678 730 705">Policy - 038.3 Prison Rape Elimination Act, pg. 9</p> <p data-bbox="240 732 831 759">Policy - 830.6 Offender Keep Separate Management, pg. 3</p> <p data-bbox="240 792 959 819">Policy - 730.2 MWHS: Screening, Assessment, and Classification, pg. 8</p> <p data-bbox="240 853 448 880">Interviews with Staff</p> <p data-bbox="240 913 496 940">Interviews with Offenders</p> <p data-bbox="240 974 464 1001">Analysis/Reasoning:</p> <p data-bbox="240 1028 1489 1223">The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would immediately be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the level of risk. The Auditor was informed the facility would not house an offender if the offender was at risk of sexual victimization. The facility would transfer the offender to another VADOC facility.</p> <p data-bbox="240 1249 1468 1411">Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor, separate, and stay with the at risk offender. Staff stated they would write and Internal Incident Report regarding their knowledge concerning the risk to the offender.</p> <p data-bbox="240 1438 1477 1635">The Auditor conducted formal interviews with randomly selected and one specifically targeted offender. The Auditor asked each if they felt safe in the facility. Each offender stated they feel safe in the facility. The Auditor asked each if they feel confident in staff's ability to maintain their safety. Each offender interviewed is confident in staff's ability to maintain their safety in the facility.</p> <p data-bbox="240 1662 1474 1859">The Auditor participated in a detailed tour of the Patrick Henry Correctional Unit. The Auditor observed the facility has two housing units that provide an opportunity to ensure offenders who are identified at a substantial risk of imminent sexual abuse could be housed separately from a potential aggressor. The facility has the ability to transfer offenders if the offender could not be housed safely in the facility. The facility has four holding cells that would provide an immediate separation to house an offender identified at risk of imminent sexual abuse.</p> <p data-bbox="240 1886 1489 1977">There were no offenders housed at the facility at the time of the audit who filed an allegation of sexual abuse during the previous 12 months. There were no offenders identified or who claimed an imminent risk of sexual abuse during the previous 12 months.</p> <p data-bbox="240 2011 376 2038">Conclusion:</p> <p data-bbox="240 2072 1477 2163">The Auditor concluded the PHCU takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, conducted interviews with staff and offenders, and made observations to determine the PHCU meets the requirements of this standard.</p>



115.63	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 465">The Virginia Department of Corrections requires staff, volunteers, and contractors who receive an allegation that an offender was sexually abused while confined at another facility notify the Organizational Unit Head (OUH). Policy requires the OUH is required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The OUH must make the notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the OUH document the notification. A facility head or agency office that receives a notification is responsible for ensuring the allegation is investigated in accordance with the Prison Rape Elimination Act standards.</p> <p data-bbox="242 497 489 526">Evidence Relied Upon:</p> <p data-bbox="242 555 730 584">Policy - 038.3 Prison Rape Elimination Act, pg. 9</p> <p data-bbox="242 611 727 640">Policy - 030.4 Special Investigations Unit, pg. 10</p> <p data-bbox="242 667 446 696">Interviews with Staff</p> <p data-bbox="242 723 466 752">Analysis/Reasoning:</p> <p data-bbox="242 781 1493 976">The Auditor conducted formal interviews with PHCU staff. Each staff member was asked what actions they take if an offender alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Internal Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the PREA Compliance Manager and Investigator would immediately be notified. The PREA Compliance Manager stated he would notify the Warden so proper notification could be made to the other facility.</p> <p data-bbox="242 1005 1485 1267">The Auditor conducted a formal interview with the facility's Warden. The Warden explained he notifies another facility once the PHCU receives an allegation that an offender alleges suffering sexual abuse at another facility. The Warden places a telephone call followed by an email to make notification. When asked when the notification would occur the Warden explained he makes the notification immediately and is required to make notification within 72 hours. The Auditor asked the Warden what actions he takes after receiving notification from another facility that a former PHCU offender has alleged suffering sexual abuse while confined at the PHCU. The Warden stated he would ensure the investigator is immediately notified so an investigation is conducted. The Auditor discussed notification requirements of this standard with the Warden. The Warden is clear of the requirements.</p> <p data-bbox="242 1296 1457 1393">The Patrick Henry Correctional Unit reported receiving no allegations in the past 12 months that an offender had allegedly been sexually abuse while confined at another facility.</p> <p data-bbox="242 1422 1469 1482">The facility reported receiving no notifications from another facility that a former PHCU offender alleged sexual abuse while incarcerated at the Patrick Henry Correctional Unit.</p> <p data-bbox="242 1512 376 1541">Conclusion:</p> <p data-bbox="242 1570 1485 1666">The Auditor reviewed agency policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. The Auditor determined the facility meets the requirements of this standard.</p>

115.64	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1445 331">The Virginia Department of Corrections has a policy that requires the first security staff member who learns of an alleged sexual abuse incident will perform the following steps:</p> <ul data-bbox="282 385 1477 645" style="list-style-type: none"> • Separate the alleged victim and abuser to ensure the victim's safety; • Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence; • Request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collections of physical evidence; and • Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collections of physical evidence. <p data-bbox="240 676 1430 766">VADOC policy requires if the first responder is not a security staff member, the responder will be required to ensure the victim's safety, request the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC.</p> <p data-bbox="240 797 1430 855">Policy requires the Organizational Unit Head or the person in charge at the scene of a serious incident take appropriate actions necessary to protect physical evidence and crime scenes until released to the responding Special Agent.</p> <p data-bbox="240 887 488 913">Evidence Relied Upon:</p> <p data-bbox="240 945 743 972">Policy - 038.3 Prison Rape Elimination Act, pg. 10</p> <p data-bbox="240 1003 715 1030">Policy - 030.4 Special Investigations Unit, pg. 6</p> <p data-bbox="240 1061 730 1088">Policy - 075.1 Emergency Operations Plan, pg. 6</p> <p data-bbox="240 1120 596 1146">PHCU Coordinated Response Plan</p> <p data-bbox="240 1178 600 1205">Sexual Assault Response Checklist</p> <p data-bbox="240 1236 657 1263">Interviews with Security First Responders</p> <p data-bbox="240 1294 705 1321">Interviews with Non-Security First Responders</p> <p data-bbox="240 1352 488 1379">Interview with Offenders</p> <p data-bbox="240 1411 466 1438">Analysis/Reasoning:</p> <p data-bbox="240 1469 1497 1693">The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they immediately separate the victim from the abuser and immediately notify the Shift Commander. Security staff stated they request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what actions they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they know who would be allowed in the crime scene to process the evidence. Staff understands the SIU Investigator would process evidence from the crime scene.</p> <p data-bbox="240 1724 1414 1850">Staff stated a crime scene would be roped off and a security member would be posted in the area to ensure staff and offenders could not enter a crime scene. The Auditor asked how staff document their actions. Each staff member stated they are required to submit an Internal Incident Report and required to include information in the housing unit logbook.</p> <p data-bbox="240 1881 1490 2141">Each non-security first responder informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what actions they would take if they discovered an offender had been sexually abused. Each informed the Auditor they would remain with the offender and immediately notify a security staff member. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such. The Auditor asked how they ensure any evidence would be protected. Each non-security first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each if they understand what actions could potentially destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, eating, changing clothes, and drinking could potentially destroy physical</p>

evidence.

The PHCU Coordinated Response Plan includes required actions of non-security first responders. The plan states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take actions that could destroy physical evidence, and then notify security staff."

The Coordinated Response Plan includes first responder duties required of security officers and security supervisors following an incident of sexual abuse. Among other actions, the Auditor observed the following required actions of security first responders:

- Ensure the victim's safety and separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any physical evidence;
- Notify the Shift Commander or OIC immediately;
- Follow all protocols in the Sexual Assault Response Checklist;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- Ensure the victim is escorted to the medical unit as soon as possible to provide appropriate assessment and treatment.

Among other actions, the PHCU Coordinated Response plan includes the following actions of security supervisors:

- Initiate action to protect all physical evidence and the safety and welfare of the victim and abuser;
- Make appropriate referrals for further medical treatment;
- Make arrangements to have alleged victim transported to Carillion Roanoke Memorial Hospital for PERK Test; and
- If the alleged perpetrator is an employee, refer to Superintendent/designee for temporary assignment.

The Agency uses a Sexual Assault Response Checklist to document staff actions in response to a sexual abuse incident. The Sexual Assault Response Checklist includes all required actions listed in the facility's Coordinated Response Plan. In addition to security officer and security supervisor actions, the checklist includes follow-up services offered by counseling and mental health practitioners. The checklist requires the staff member include the date and time each action on the checklist is completed.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both security and non-security personnel. The Auditor observed all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

The Auditor conducted a formal interview with the facility's medical practitioner. The practitioner has been trained to treat victims while preserving physical evidence in the process of evaluation and treatment. The Auditor was informed medical staff immediately treat any life threatening injuries. If the victim has no life threatening injuries medical personnel collect the offender's vital signs and speak to the victim until the victim can be transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life threatening injury would be placed in individual brown paper bags with chain of custody information and provided to the SIU Investigator. The medical practitioner attempts to preserve any evidence while treating the victim.

The PHCU reported no allegations of sexual abuse were received in the previous 12 months.

Conclusion:

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor understand the required first responder duties. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, and interviewed staff. The Auditor determined the facility meets the requirements of this standard.

115.65	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1484 398">The Virginia Department of Corrections requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency has created a Sexual Assault Response Checklist that supplements the facility's Coordinated Response Plan and outlines staff duties in response to a sexual assault incident.</p> <p data-bbox="242 430 488 459">Evidence Relied Upon:</p> <p data-bbox="242 488 742 517">Policy - 038.3 Prison Rape Elimination Act, pg. 10</p> <p data-bbox="242 546 732 575">Policy - 075.1 Emergency Operations Plan, pg. 6</p> <p data-bbox="242 604 600 633">Sexual Assault Response Checklist</p> <p data-bbox="242 663 536 692">PHCU PREA Response Plan</p> <p data-bbox="242 721 442 750">Training Curriculum</p> <p data-bbox="242 779 416 808">Training Records</p> <p data-bbox="242 837 445 866">Interviews with Staff</p> <p data-bbox="242 896 496 925">Interviews with Offenders</p> <p data-bbox="242 954 464 983">Analysis/Reasoning:</p> <p data-bbox="242 1012 1452 1070">The Auditor reviewed the facility's Coordinated Response Plan. The Auditor observed the Patrick Henry Correctional Unit Coordinated Response Plan includes the following sections:</p> <ul data-bbox="284 1122 887 1447" style="list-style-type: none"> • Staff Responsibilities Detection and Reporting • Staff First Responder Duties • Supervisor Responsibility after Receiving Report of Abuse • Security Search and Evidence Collection Procedures • Medical Response • Investigator's Response • PREA Compliance Manger • Executive Response • Response when Staff Member is the Perpetrator • Mental Health <p data-bbox="242 1476 1473 1603">The PHCU response plan includes a section titled, "PREA Compliance Guidelines for Specialized Staff." This section of the plan informs administrative, medical, human resources, volunteers, contractors, counselors, Incident Review Team, Treatment Review Team, and Correctional Officers of requirements that ensure the facility maintains compliance with all PREA standards.</p> <p data-bbox="242 1632 1461 1691">The agency has created a Sexual Assault Response Checklist that documents staff actions following an incident of sexual abuse. The Sexual Assault Checklist includes the following actions:</p> <ul data-bbox="284 1742 1477 2141" style="list-style-type: none"> • Incident Began/Discovered; • Notify Security Staff; • Separate the alleged victim and abuser; • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; • Request that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; • Escort the victim to the facility medical unit as soon as possible to provide examination, treatment, and evaluation; • Notify the Unit Head and Administrative Duty Officer; • Contact the Special Investigation Unit , (name and number provided); • Ensure that photographs are taken to document any physical evidence such as torn clothing, bruises, abrasions, etc.; • If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually transmitted diseases;

- Ensure referral for counseling and mental health service needs if warranted;
- Ensure that upon return from the hospital emergency room, the victim is interviewed for protective custody needs;
- Ensure follow up medical treatment or mental health service needs are arranged;
- Notify the State-wide PREA Coordinator or Regional PREA Analyst (name and number provided);
- Complete an IIR or IR (recent sexual assaults only); and
- Notify the Operations and Logistics Unit for recent sexual assaults only. Advise "Alleged recent sexual assault at (facility name)." No additional information will be reported.

The Sexual Assault Response Checklist requires the staff include the date and time each action listed above is taken. The Auditor conducted formal interviews with staff of various levels listed in the facility's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the PHCU Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff have been trained in their responsibilities in response to an allegation of sexual abuse. The facility's response plan includes elements from the agency's training curriculum. The Auditor verified all agency personnel have received the training.

The Auditor reviewed the facility's training curriculum. Training curriculum includes first responder duties for security and non-security personnel. Training curriculum includes medical and mental health practitioner responses to incidents of sexual abuse. The agency's specialized investigator training aligns with the actions required in the Patrick Henry Correctional Unit Coordinated Response Plan. The training includes supervisory responsibilities, in conjunction with the agency's Sexual Assault Response Checklist.

The Auditor conducted formal interviews with offenders. Offenders were asked if they felt safe in the facility. All offenders interviewed stated they do feel safe in the facility. Offenders were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Every offender interviewed stated they are confident in staff's abilities to respond to incidents that occur in the facility.

The facility received no allegations of sexual abuse during the previous 12 months.

Conclusion:

The Auditor determined the facility has developed an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and have trained its personnel in the required actions. Based on a review of agency policies, procedures, PHCU Coordinated Response Plan, Sexual Assault Response Checklist, training records, interviews with staff and offenders, the Auditor determined the PHCU meets the requirements of this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 331">The Virginia Department of Corrections has not entered into an agreement with any agency for collective bargaining at the Patrick Henry Correctional Unit or another agency facility.</p> <p data-bbox="240 360 488 387">Evidence Relied Upon:</p> <p data-bbox="240 421 405 448">Code of Virginia</p> <p data-bbox="240 477 445 504">Interviews with Staff</p> <p data-bbox="240 533 526 560">Coordinated Response Plan</p> <p data-bbox="240 589 464 616">Analysis/Reasoning:</p> <p data-bbox="240 647 828 674">Virginia Code 40.1-57.2 (effective May 2, 2021) mandates:</p> <ul data-bbox="280 728 1493 1491" style="list-style-type: none"> • "No state, county, city, town, or like governmental officer, agent, or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service unless, in the case of a county, city, or town, such authority is provided for or permitted by a local ordinance or by a resolution. Any such ordinance or resolution shall provide for procedures for the certification and decertification of exclusive bargaining representatives, including reasonable public notice and opportunity for labor organizations to intervene in the process for designating an exclusive representative of a bargaining unit. As used in this section, "county, city, or town" includes any local school board, and "public officers or employees" includes employees of a local school board." • "No ordinance or resolution adopted pursuant to subsection A shall include provisions that restrict the governing body's authority to establish the budget or appropriate funds." • "For any governing body of a county, city, or town that has not adopted an ordinance or resolution providing for collective bargaining, such governing body shall, within 120 days of receiving certification from a majority of public employees in a unit considered by such employees to be appropriate for the purposes of collective bargaining, take a vote to adopt or not adopt an ordinance or resolution to provide for collective bargaining by such public employees and any other public employees deemed appropriate by the governing body. Nothing in this subsection shall require any governing body to adopt an ordinance or resolution authorizing collective bargaining." • "Notwithstanding the provisions of subsection A regarding a local ordinance or resolution granting or permitting collective bargaining, no officer elected pursuant to Article VII, Section 4 of the Constitution of Virginia or any employee of such officer is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents, with respect to any matter relating to them or their employment or service." <p data-bbox="240 1520 1481 1615">The Virginia Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p data-bbox="240 1644 1469 1771">Interviews with staff reveal they do not participate with, or are members of any organization or agency responsible for collective bargaining on their behalf. Staff informed the Auditor they would be terminated if they participated in an act of sexual abuse with an offender. Staff informed the Auditor they are immediately removed from contact with an offender after an allegation of sexual abuse is made by an offender.</p> <p data-bbox="240 1800 1452 1995">The Auditor conducted a formal interview with the Warden. The Warden informed the Auditor the facility ensure staff are removed from contact with an alleged victim until the completion of the investigation. The Warden has the authority to immediately remove a staff member from contact with inmates. The Warden stated the nature of the allegation would determine immediate actions. The Warden stated he will ensure a staff member is reassigned to another post or could be placed on administrative leave pending the outcome of the investigation. The Warden has not had to discipline a staff member for such during the previous 12 months.</p> <p data-bbox="240 2024 1485 2119">The facility has a Coordinated Response Plan that directs supervisors to refer to the Warden or designee if a staff member is alleged to have committed an act of sexual abuse. The plan directs the supervisor consult with the Warden for reassignment of the staff member's post.</p>

Conclusion:

The Auditor concluded the VADOC has not entered into any collective bargaining that would restrict its ability to remove staff sexual abusers from contact with offenders. The Auditor determined the facility meets the requirements of this standard.

115.67	Agency protection against retaliation
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1469 367">The Virginia Department of Corrections has a policy to protect all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy requires facility's take the following but not limited to protection measures:</p> <ul data-bbox="282 421 927 546" style="list-style-type: none"> • Housing changes • Transfers • Removal of alleged staff or offenders from contact with victims • Emotional support services <p data-bbox="240 573 1481 770">Agency policy requires the Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of offenders or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment. The designated staff member is responsible to monitor the conduct and treatment of offenders or staff for retaliation for at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff. The monitor is responsible to act promptly to remedy any such retaliation. Agency policy requires the Retaliation Monitor to monitor the following:</p> <ul data-bbox="282 824 612 981" style="list-style-type: none"> • Discipline Reports • Housing changes • Program changes • Negative performance reviews • Reassignments of staff <p data-bbox="240 1012 1481 1137">Monitoring of an offender or staff is required to continue beyond 90 days if the initial monitoring indicates a continuing need. The Retaliation Monitor is required by policy to conduct periodic status checks while monitoring an offender or staff member. The Retaliation Monitor is not required by VADOC policy to continue monitoring an offender or staff if the investigation determines the allegation as unfounded.</p> <p data-bbox="240 1169 1469 1294">VADOC policy requires retaliation monitoring of any other individual who cooperates with an investigation and expresses a fear of retaliation and requires the Facility Unit Head take appropriate measures to protect the individual against retaliation. Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment are referred to the Employee Assistance Program for emotional support services.</p> <p data-bbox="240 1326 488 1352">Evidence Relied Upon:</p> <p data-bbox="240 1384 775 1411">Policy - 038.3 Prison Rape Elimination Act, pg. 13-14</p> <p data-bbox="240 1442 1142 1469">Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 7</p> <p data-bbox="240 1500 491 1527">Internal Incident Reports</p> <p data-bbox="240 1559 448 1585">Investigative Record</p> <p data-bbox="240 1617 507 1644">Retaliation Monitoring Log</p> <p data-bbox="240 1675 588 1702">Retaliation Monitoring Form - Staff</p> <p data-bbox="240 1733 622 1760">Retaliation Monitoring Form - Inmates</p> <p data-bbox="240 1792 448 1818">Interviews with Staff</p> <p data-bbox="240 1850 497 1877">Interviews with Offenders</p> <p data-bbox="240 1908 466 1935">Analysis/Reasoning:</p> <p data-bbox="240 1966 1490 2150">The Virginia Department of Corrections has an appropriate policy to ensure offenders and staff are monitored and protected from acts of retaliation by staff or other offenders. The PHCU has designated the PREA Compliance Manager responsible for monitoring offenders and staff for acts of retaliation. The Auditor conducted a formal interview with the PCM. The Auditor asked the PCM to explain how retaliation monitoring is conducted at the facility. The retaliation monitor explained he reviews disciplinary charges, housing changes, program changes, grievances, Incident Reports, classification actions, evaluations, shift rosters and post assignments. The Auditor asked if he initiates the contact with the offender or staff</p>

member being monitored. The monitor stated he initiates meetings with the person being monitored. The Auditor asked who is monitored for retaliation. The PCM stated he monitors those who report an allegation, the victim(s) and anyone else who expresses a fear of retaliation for cooperating with the investigation.

The Auditor asked the monitor how often meetings with the staff member or offender occur. The Auditor was informed he is required to meet with offenders or staff at least every 30 days after an initial status check. The PCM stated since the facility is smaller he will meet with the offender on a weekly basis. The Auditor asked the retaliation monitor if he would stop monitoring if the offender or staff member requested him to do so. The monitor stated he would not stop monitoring until the 90 day monitoring period has transpired.

The retaliation monitor was asked how he is notified when an offender or staff member requires monitoring. As the facility's PCM he is automatically notified following all allegations of sexual abuse and sexual harassment in the facility. Supervisors communicate with the PCM to alert him when an allegation is made in the facility. The Auditor asked what actions are taken to ensure the protection of an offender. The Auditor was informed housing, program, education and work changes would be made. When staff are being retaliated against, the staff members post or shift assignment may be changed to limit contact with the person who was retaliating against the staff member. In such cases, the staff member retaliating against another staff member would be disciplined, if warranted.

The Auditor reviewed an investigative report from the facility's only allegation received during the previous 12 months. The allegation was a staff-on-offender sexual harassment incident. A review of the investigative record revealed the PCM met with the offender the day the facility received the allegation. The PCM documented the meeting on a Log of Retaliation Checks for PREA Claims. The log documents the following:

- Offender's Name and Number
- Date of Incident was Reported
- Date of Retaliation Check
- Name of Staff Conducting Retaliation Check
- Results/Comments

The investigative record revealed the alleged incident was unfounded by the facility investigator. The PCM met with the alleged victim prior to the conclusion of the investigation. The retaliation monitor concluded retaliation monitoring after the investigation was determined unfounded by the Investigator.

The Auditor reviewed agency retaliation monitoring forms. The monitoring form requires the PCM document his actions taken during the monitoring. The actions include reviewed disciplinary reports, reviewed housing changes, reviewed grievances, reviewed program changes and other. The form includes a comments section after making such actions. The monitoring form includes an initial, month 1, month 2 and month 3 section for the PCM to document the review and status check with the offender. There is additional sections for monitoring in the event the offender requires additional monitoring. The PCM documents the date the monitoring of the offender ended.

The agency has an individual monitoring form used when staff are being monitored for acts of retaliation. The staff monitor form is similar to the offender monitoring form with the exception of actions. The actions on the staff monitoring form include a review of performance evaluations/performance reviews, changes to job or post assignments and other. Like the offender form, the staff monitoring form includes basic information and the reason for monitoring.

The Auditor was unable to conduct a formal interview with the offender who made an allegation of sexual harassment during the previous 12 months as the offender was no longer incarcerated at the facility at the time of the audit.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed agency policies, procedures, retaliation monitoring log, monitoring forms, investigative report, conducted interviews with staff and determined the facility meets the requirements of this standard.

115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The Virginia Department of Corrections requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of policies 425.4 and 830.5 that align with the requirements of PREA standards 115.43 Protective Custody.</p> <p>Evidence Relied Upon:</p> <p>Policy - 425.4 Management of Bed and Cell Assignments, pg. 6-8, 12, 21</p> <p>Policy - 830.5 Transfers, Institution Reassignments, pg. 11-12</p> <p>Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p>HRSA/HRSA Report</p> <p>Interviews with Staff</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's policy regarding the use of segregation housing to protect offenders at high risk of sexual victimization. The policy states offenders identified as high risk of sexual victimization will not be placed involuntarily in segregated housing unless an assessment of available alternatives has been made, and it has been determined by the Psychology Associate in consultation with the Regional PREA Analyst and Shift Commander that no available alternatives of separation exist. Policy requires the Shift Commander to complete a Sexual Abuse/Sexual Harassment Available Alternatives Assessment form prior to placing a HRSV in special housing for protection. The agency's policy allows the Shift Commander to place the HRSV offender in special housing for protection for no more than 2 hours before completing the Sexual Abuse/Sexual Harassment Available Alternatives Assessment if the form cannot be completed immediately.</p> <p>The Auditor reviewed the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. The form includes the following considerations:</p> <ul style="list-style-type: none"> • Can offender be reassigned to another housing unit; • Was another alternative to involuntary segregated housing used, list option; • Can offender be transferred to another facility; • If allegation was made and staff is alleged perpetrator, was the staff member placed on administrative leave or placed on another post; • Was the offender or alleged victim (if allegation) reassigned to Special Housing/Restrictive Housing Unit for Protective Custody; and • Is access to programs, privileges, education, or work opportunities restricted, list which ones and why? <p>The assessment form requires the signature of the Facility Unit Head and stipulates the form be emailed to the Regional PREA Analyst. The form also requires a written justification for all "no" answers listed above. The form states, "...offenders at a high risk of sexual victimization or offenders who have alleged sexual abuse or sexual harassment shall not be placed in involuntary segregated housing, unless:</p> <ol style="list-style-type: none"> 1. An assessment of all available alternatives has been made, and, 2. A determination has been made that there are no available alternative means of separation from likely abusers." <p>Agency policy requires the institution to clearly document the basis for safety concerns when placing a HRSV offender in Special Housing for protection. The Shift Commander is required to document the reason why no alternative means of separation can be arranged when placing the offender in special housing. The agency allows involuntary assignment to special housing only until alternative means of separation can be arranged; not to ordinarily exceed 30 days. Mental Health staff are required to advise whether the offender can be released to general population or transferred to the VADOC Protective Custody Unit. Agency policy stipulates HRSV offenders placed in special housing for protection shall have access to programs, privileges, education, and work opportunities to the extent possible. The institution is required to document the opportunities that have been limited, the duration of the limitation and the reason for limitations. These restrictions are required to be documented on the Special Housing Denial of Activity or Service form.</p>

The agency conducts a review every seven days of an offender's first two months in Special Housing and every 30 days thereafter. These reviews are documented electronically on the Special Housing Status Review maintained on the agency's VACORIS system. Policy requires all offenders identified as HRSV be reviewed to determine whether there is a continued need for separation from general population. This review is documented on the Special Housing Status Review form.

The Auditor conducted a formal interview with a staff member who supervises offenders in the holding cells. The Auditor asked if he had ever supervised an offender who has been placed in segregated housing after allegedly suffering sexual abuse or identified at substantial risk of sexual abuse for their protection. The staff member informed the Auditor he had not supervised an offender in the holding cells strictly for the protection from sexual abuse. The Auditor asked if offenders in the holding cells have access to programs, privileges, education and work opportunities. The Auditor was informed most offenders in the holding cells are transferred from the facility within 24 hours. If an offender was placed in the holding cells for a period of time they would be allowed education, programming, and privileges to the extent possible.

The Auditor conducted formal interviews with supervisors. The Auditor asked if the reasons for restrictions of programs, privileges, education and work of offenders in the holding cells are documented. The Auditor was informed the facility does not use the holding cells for housing. When an offender is placed in a holding cell, he is typically transported to another VADOC facility within 24 hours. Supervisors are aware of the Special Housing Denial of Activity or Service form. The Special Housing Denial of Activity or Service form becomes part of the offenders permanent record. Any restrictions documented on the form are forwarded to the housing unit so staff supervising the offender are aware of the restriction.

Facility supervisors informed the Auditor an offender at risk of sexual abuse will be transferred to another VADOC facility if he can not be housed safely in a different housing unit without resorting to placement in a holding cell. The Auditor asked the counselor, supervisors, PCM, line staff, and Warden if an offender was every placed in a holding cell for the protection from sexual abuse. None could recall such a placement. The Warden has the ability to transfer an offender from the facility as long as there is a legitimate need to do so. The Auditor was informed the facility has never placed an offender in a holding cell for the purpose of protecting the offender from sexual abuse or the imminent risk of sexual abuse.

The Auditor reviewed the facility High Risk of Sexual Victimization and High Risk of Sexual Abusiveness list. There were no offenders identified as such on the reports. The facility has not identified an offender at risk of imminent sexual abuse in the previous 12 months. There have been no offenders who filed an allegation of sexual abuse in the previous 12 months.

The Auditor conducted a detailed tour of the Patrick Henry Correctional Unit. The Auditor observed the facility maintains two distinct housing units to house offenders without having to place them in a holding cell. The agency has the option to transfer offenders from the facility if the offender cannot be housed safely in the facility. The Patrick Henry Correctional Unit does not have a Restrictive Housing Unit. Any offender requiring placement in such is transferred to another VADOC facility.

Conclusion:

The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a review of agency policies, procedures, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, making observations, and interviewing staff, the Auditor determined the facility meets the requirements of this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 398">The Virginia Department of Corrections conducts administrative and criminal investigations in its facilities. Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The VADOC requires its investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.</p> <p data-bbox="240 432 1493 591">Agency investigators are required by policy to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When investigators determine the quality of evidence appears to support criminal prosecution, the investigator will consult with prosecutors as to whether further compelled interviews may be an obstacle for subsequent prosecution.</p> <p data-bbox="240 624 1469 752">The agency requires investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not determine credibility by the person's status as an offender or staff member alone. Agency investigators are prohibited from requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.</p> <p data-bbox="240 786 1469 972">The agency requires administrative investigations include an effort to determine whether staff actions or failures to act contributed to abuse and document findings in a written report that includes a description of physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Special Investigations Unit investigators refer substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p data-bbox="240 1005 1485 1164">The VADOC requires the departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Organizational Unit Head is required to ensure all case records associated with claims of sexual abuse or sexual harassment, including Incident Reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendation for post-release treatment or counseling are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="240 1198 488 1225">Evidence Relied Upon:</p> <p data-bbox="240 1258 746 1285">Policy - 030.4 Special Investigations Unit, pg. 10-11</p> <p data-bbox="240 1319 812 1346">Policy - 038.3 Prison Rape Elimination Act, pg. 11-12, 15</p> <p data-bbox="240 1379 448 1406">Investigative Record</p> <p data-bbox="240 1440 440 1467">Training Curriculum</p> <p data-bbox="240 1500 416 1527">Training Records</p> <p data-bbox="240 1561 437 1588">Investigative Matrix</p> <p data-bbox="240 1621 515 1648">Interview with Investigators</p> <p data-bbox="240 1682 496 1709">Interviews with Offenders</p> <p data-bbox="240 1742 464 1769">Analysis/Reasoning:</p> <p data-bbox="240 1803 1485 2096">The Auditor conducted a formal interview with investigators. Investigators discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation interviews are conducted with the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. Investigators stated they review criminal records, institutional history, grievances, discipline history, Internal Incident Reports, Request Forms, video footage, telephone records, financial records, previous complaints and any other relevant information. Investigators were asked how they determine the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, etc. and statements made during the interview and subsequent interviews. The Auditor was informed the agency's investigation report requires the investigator document the reason behind credibility assessments.</p> <p data-bbox="240 2130 1453 2157">Investigators were asked if they attempt to determine if staff actions or lack thereof may have contributed to an incident of</p>

sexual abuse. The Investigators stated they attempt to determine if staff actions or lack thereof contributed to the incident. The Auditor asked the Investigators what types of evidence they attempt to gather. The Auditor was informed Investigators gather staff reports, housing records, log books, video footage, telephone records, grievances, discipline records, offender financial records, testimonial evidence, physical evidence and any other relevant documents or information. Investigators were asked when they begin investigative efforts. The Auditor was informed Investigators begin efforts as soon as they are notified. The Auditor asked how investigations are conducted when they are not on site. Each Investigator stated when they receive a call to conduct an investigation they report to the facility, when warranted.

The Auditor toured the area where investigative records are maintained. All investigative files are maintained in the Investigator's locked office. All information received by the PCM is sent to the PREA Office for data compiling. The Auditor asked the investigators how long they maintain investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the VADOC. Each Investigator was asked if they require the victim to submit to a polygraph examination or other truth telling device. The Auditor was informed they do not polygraph an alleged victim or use any other truth telling device.

The Auditor asked agency Investigators if they conduct an investigation when an allegation is reported anonymously or by third-party. Each Investigator stated they conduct an investigation of all allegations regardless of how the allegation is made. When asked how they would conduct those types of investigations each Investigator stated they attempt to investigate every allegation to the fullest extent. Each Investigator was asked to explain the investigative process if an offender is released or a staff member terminates employment. The facility Investigator contact the SIU Investigator to contact a former offender or staff member. Investigators stated they coordinate with other facility investigators when offenders are transferred.

The Auditor discussed the criminal investigative process in the facility with each investigator. The facility Investigator was asked to explain his role when the SIU Investigator conducts investigations in the facility. The Investigator stated he cooperates with the SIU and assist when asked to do so by the Investigator. The Auditor was informed the facility works well with the SIU Investigator and remains informed during the criminal investigation and prosecutorial efforts. The agency has one SIU Investigator assigned to investigate criminal incidents in the Patrick Henry Correctional Unit. The facility Investigator stated all evidence, to include video, telephone records and staff reports are turned over to the SIU during criminal investigations.

The SIU Investigator explained he is contacted by the facility investigator when receiving an allegation that appears to be criminal in nature. The investigator responds to the facility to collect evidence following a forensic examination. The Auditor asked if the SIU Investigator collects physical and testimonial evidence. He explained he does collect evidence from the facility following an incident. The Auditor asked the Investigator if he communicates with the facility Investigator during an investigation. The SIU Investigator stated he does keep the facility informed during the process so the offender can be notified of results when required. Following the conclusion of the investigation, the investigative report is sent to the Warden. The SIU Investigator explained he communicates with the Commonwealth Attorney's Office for prosecutorial efforts.

The facility reported receiving one allegation within the previous 12 months. The allegation was a staff-on-offender sexual harassment allegation. There were no allegations received that required referral to the Special Investigations Unit for criminal investigation. The Auditor reviewed the investigative report. A review of the investigative record revealed the facility is conducting prompt and objective investigations. The investigative report included physical, testimonial and circumstantial evidence. The record included attached Internal Incident Reports and other information used as evidence. The Auditor observed the facility investigator conducted and documented a credibility assessment in the administrative report.

The agency utilizes an Investigative Matrix that outlines when the facility and Special Investigations Unit are required to investigate allegations. The matrix specifies the facility Investigator conducts investigations of initial PREA, fraternization and harassment allegations. The matrix dictates investigations started at the facility and are confirmed PREA allegations will be referred to the SIU. The Special Investigations Unit is required to conduct investigations of confirmed PREA allegations, confirmed fraternization and sexual assault (ex. rape, forcible sodomy).

The Auditor conducted a review of training records. Records reveal the facility and agency's Investigators have received specialized training to conduct sexual abuse investigations in a confinement setting. The Auditor asked the facility investigator what his actions are when he determines the evidence appears to support prosecution. The Investigator stated the administrative investigation is stopped and the SIU Investigator is notified immediately. The Investigator was asked if he continues interviewing after notifying the SIU. The Auditor was informed administrative efforts would not be completed until notified to do so by the SIU. The facility Investigator resumes the investigation only when informed to do so by the SIU.

There were no offenders incarcerated at the time of the audit who had filed an allegation in the facility.

No department of justice component is responsible for conducting investigations in the Patrick Henry Correctional Unit.

Conclusion:

The Auditor determined the VADOC has appropriate policies to ensure investigations are conducted appropriately, objectively and thorough. The facility trains its investigators to conduct investigations in a confinement setting. Facility investigators are aware all criminal allegations must be referred to the Special Investigations Unit for criminal investigation. The Auditor reviewed agency policy, procedures, training records, investigative record, investigative matrix, made observations, interviewed staff, and determined the facility meets the requirements of this standard.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1461 398">The Virginia Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p data-bbox="242 430 1417 490">The disciplinary Hearings Officer is required to use a preponderance of evidence at a disciplinary hearing to support a finding of guilt.</p> <p data-bbox="242 519 488 548">Evidence Relied Upon:</p> <p data-bbox="242 577 1142 607">Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p data-bbox="242 636 780 665">Policy - 861.1 Offender Discipline - Institutions, pg. 31</p> <p data-bbox="242 694 448 723">Investigative Record</p> <p data-bbox="242 752 515 781">Interview with Investigators</p> <p data-bbox="242 810 464 840">Analysis/Reasoning:</p> <p data-bbox="242 869 1481 1059">The Auditor conducted a formal interview with the facility Sexual Abuse Investigator. The Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigator to explain the meaning of preponderance. the Investigator explained 51 percent of the evidence will determine the outcome.</p> <p data-bbox="242 1090 1469 1151">The Auditor reviewed one investigative report from the previous 12 months. A review of the report revealed the Investigator used a preponderance of the evidence to support the determination of the outcome.</p> <p data-bbox="242 1180 373 1209">Conclusion:</p> <p data-bbox="242 1238 1414 1335">The Auditor was able to determine Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed agency policies, procedures, investigative report, interviewed the facility Investigator, and determined the facility meets the requirements of this standard.</p>

115.73	Reporting to inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1445 398">The Virginia Department of Corrections policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the PREA Compliance Manager or investigator shall inform the offender whenever:</p> <ul data-bbox="282 452 1445 645" style="list-style-type: none"> • The allegation has been determined to be unfounded; • The allegation has been determined to be unsubstantiated; • The staff member is no longer posted within the offender's unit; • The staff member is no longer employed at the facility; • The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 676 1477 734">When an offender has alleged sexual abuse by another offender, the PREA Compliance Manager or investigator is required to inform the offender whenever:</p> <ul data-bbox="282 788 1458 913" style="list-style-type: none"> • The allegation has been determined to be unfounded; • The allegation has been determined to be unsubstantiated; • The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 945 1481 1070">Facilities are required to document notifications or attempted notifications in the same manner as offenders receive legal mail. The PREA Compliance Manager and/or investigator's obligation to report is terminated if the offender is released from DOC custody. The agency requires SIU investigator's report to the Facility Unit Head to inform the offender as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.</p> <p data-bbox="240 1102 488 1128">Evidence Relied Upon:</p> <p data-bbox="240 1160 727 1187">Policy - 030.4 Special Investigations Unit, pg. 11</p> <p data-bbox="240 1218 743 1245">Policy - 038.3 Prison Rape Elimination Act, pg. 12</p> <p data-bbox="240 1276 448 1303">Investigative Record</p> <p data-bbox="240 1335 392 1361">Legal Mail Log</p> <p data-bbox="240 1393 499 1420">Notifications to Offenders</p> <p data-bbox="240 1451 448 1478">Interviews with Staff</p> <p data-bbox="240 1509 467 1536">Analysis/Reasoning:</p> <p data-bbox="240 1568 1458 1792">The Auditor conducted a formal interview with the PREA Compliance Manager. The PCM informs offender victims of the investigative outcome at the conclusion of an investigation. The Auditor asked who notifies the offender following an indictment and/or criminal charges placed against an offender or staff member. The PCM stated that information is obtained from the SIU and the notification would be made by the PCM. The Auditor asked the PCM how notifications to offenders are documented by the facility. The Auditor was informed notifications are documented on a letter, included in the legal log, and personally delivered to the offender. The offender is required to sign for receipt of the letter.</p> <p data-bbox="240 1823 1481 2083">The Auditor asked the PCM how notification is received from the SIU regarding criminal charges and indictments. The PCM stated the SIU Investigator contacts the Warden so proper notification can be made to the offender. The SIU is part of the agency and required by policy to provide the information to the Warden. The Auditor conducted a formal interview with an SIU Investigator. The SIU Investigator was asked if he notifies the facility following the placement of criminal charges and/or indictments. The SIU Investigator stated he does contact the facility Warden to share such information. The SIU investigator was asked if he would ever notify an offender of the investigative or prosecutorial efforts. The investigator stated he does not notify offenders of the results and explained the facility is required to make notification to the offender. The SIU Investigator is required to communicate the information to the facility.</p> <p data-bbox="240 2114 1458 2141">The Auditor reviewed the investigative record of the one allegation made at the facility during the previous 12 months. The</p>

Auditor determined the facility was not required to notify the offender as the allegation was a sexual harassment allegation. The facility received no allegations of sexual abuse during the previous 12 months. Although not required, the Auditor reviewed the notification made to the offender that filed an allegation in the previous 12 months. A formal letter was sent to the offender. The letter was written on agency letterhead and signed by the PCM. The letter informed the offender the allegation was unfounded. The offender was required to sign the Legal Mail Log denoting his receipt of the investigative results.

The Auditor was unable to conduct an interview with the offender that made a sexual harassment allegation during the previous 12 months. The offender was no longer housed at the facility at the time of the audit.

The facility has had no substantiated allegations of sexual abuse against a staff member in the previous 12 months. There have been no offenders prosecuted or criminally charged within the previous 12 months.

Conclusion:

The Auditor determined the facility is notifying offenders of investigative findings following an allegation of sexual abuse. The Auditor concluded the agency has appropriate procedures in place to notify offenders of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, investigative record, legal mail log, interviewed staff, and determined the agency meets the requirements of this standard.

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 398">The Virginia Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility's sexual misconduct policies are commensurate with the following:</p> <ul data-bbox="284 450 1137 544" style="list-style-type: none"> • The nature and circumstances of the acts committed; • The staff members disciplinary history; and • The sanctions imposed for comparable offenses by other staff with similar histories. <p data-bbox="242 573 1493 734">The VADOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal. The agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.</p> <p data-bbox="242 763 488 792">Evidence Relied Upon:</p> <p data-bbox="242 822 679 851">Policy - 135.1 Standards of Conduct, pg. 11</p> <p data-bbox="242 880 1142 909">Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p data-bbox="242 938 446 967">Interviews with Staff</p> <p data-bbox="242 996 464 1025">Analysis/Reasoning:</p> <p data-bbox="242 1055 1485 1346">The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff understands they would be terminated for participating in an act of sexual abuse. Staff were also aware the VADOC reports criminal violations to law enforcement agencies. The agency's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Command staff interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are immediately removed from contact with offenders and disciplined for such policy violations. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the act. The Auditor was informed by command staff that an employee who engages in an act of sexual abuse will be terminated for such actions.</p> <p data-bbox="242 1375 1485 1637">The Auditor conducted a formal interview with the facility Investigator. The Investigator informed the Auditor if the act was criminal in nature he contacts the Special Investigations Unit for a criminal investigation. The facility Investigator immediately cease efforts once a determination is made that sufficient evidence appears to support criminal activity. The Investigator coordinates with the SIU Investigator and assists in SIU efforts when requested by the criminal Investigator. The Auditor asked how the investigation is handled if the act was not criminal in nature. The Investigator continues investigatory efforts until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned, if warranted.</p> <p data-bbox="242 1666 1477 1897">The Auditor conducted a formal interview with the assigned SIU Investigator during a previous audit at another facility the SIU Investigator is assigned. Agency SIU Investigators have the legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. The SIU Investigator informed the Auditor he consults with the Commonwealth's Attorney if he can establish probable cause to criminally charge the alleged aggressor. The Investigator informed the Auditor he is notified by the facility if a staff member is accused of sexual abuse by an offender and the staff member has resigned from employment. The SIU Investigator has the authority to complete the investigation of the resigning staff member.</p> <p data-bbox="242 1926 1481 2157">The Auditor observed the agency's policy included a provision to notify law enforcement agencies of criminal violations of sexual abuse The policy also requires the agency's PREA Coordinator notify relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies. The Auditor was informed the PREA Coordinator would contact the Virginia Department of Health Professionals of violations by medical/mental health practitioners. The Department of Education would be notified if a licensed education employee committed a criminal act of sexual abuse. The Auditor discussed the requirement for the agency to notify law enforcement and relevant licensing bodies with the facility's command staff. Command staff are clear on the requirement following a criminal act of sexual abuse.</p>

The Patrick Henry Correctional Unit Warden has the authority to discipline staff, including suspension and termination. The PHCU reported no staff member had been found in violation of agency sexual abuse policies in the past 12 months. The Warden informed the Auditor he ensures a staff member is removed from contact with an offender pending the results of an investigation. The Warden stated any employee who commits an act of sexual abuse will be terminated from employment.

Conclusion:

The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed agency policies, procedures, and conducted interviews with staff and determined the agency meets the requirements of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">The Virginia Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency's policy requires the PREA Coordinator notify law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 461 488 488">Evidence Relied Upon:</p> <p data-bbox="240 517 842 544">Policy - 027.1 Volunteer and Internship Programs, pg. 16-17</p> <p data-bbox="240 573 1142 600">Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders, pg. 5</p> <p data-bbox="240 629 416 656">Training Records</p> <p data-bbox="240 685 963 712">A Guide to Maintaining Appropriate Boundaries with Offenders Brochure</p> <p data-bbox="240 741 515 768">Interviews with Contractors</p> <p data-bbox="240 797 485 824">Interview with Volunteer</p> <p data-bbox="240 853 445 880">Interviews with Staff</p> <p data-bbox="240 909 464 936">Analysis/Reasoning:</p> <p data-bbox="240 965 1485 1238">The Patrick Henry Correctional Unit reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with contract and volunteer personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. Each informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.</p> <p data-bbox="240 1267 1485 1462">Agency contractors and volunteers are made aware of the VADOC sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attends training and signs a form of receipt for the training. Each volunteer and contractor are provided the "A Guide to Maintaining Appropriate Boundaries with Offenders Brochure" during their orientation. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records the agency has provided training to each volunteer and contractor.</p> <p data-bbox="240 1491 1485 1787">The Patrick Henry Correctional Unit command staff are aware of the requirement to notify the SIU following contractor or volunteer participation in a criminal act of sexual abuse. Command staff informed the Auditor a contractor or volunteer would immediately be prohibited from offender contact pending the results of the investigation. The Auditor was informed the SIU does not defer to the Commonwealth Attorney's Office if the act was clearly not criminal. The SIU Investigator informed the Auditor he establishes probable cause before consulting with the Commonwealth's Attorney. Command staff, facility investigators, PCM and the Warden were asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the VADOC sexual abuse or sexual harassment policies and procedures. The Auditor was informed no contractor or volunteer had been found in violation of those policies.</p> <p data-bbox="240 1816 1485 1977">The agency notifies the Virginia Board of Health Professionals when a licensed medical or mental health professional is found in violation of such policies. The Department of Education is notified of a violation when a licensed education professional has clearly committed a criminal act of sexual abuse. The Warden informed the Auditor he immediately restricts access to the facility when a contractor or volunteer has been accused of sexual abuse, pending the results of the investigation.</p> <p data-bbox="240 2007 373 2033">Conclusion:</p> <p data-bbox="240 2063 1485 2161">The VADOC maintains appropriate policies to ensure contractors and volunteers at the Patrick Henry Correctional Unit are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed</p>

agency policies, procedures, training records, training curriculum and conducted formal interviews with staff and contractors to determine the facility meets the requirements of this standard.

115.78	Disciplinary sanctions for inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 434">The agency policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency's policy allows staff to discipline offenders for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:</p> <ul data-bbox="282 488 1278 580" style="list-style-type: none"> • The nature and circumstances of the offense committed; • The offender's discipline history; and • The penalty imposed for comparable offenses committed by other offenders with similar histories. <p data-bbox="240 611 1485 703">The discipline process is required to consider whether the offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. A mental health practitioners is required by policy to assess the following:</p> <ul data-bbox="282 757 1115 916" style="list-style-type: none"> • Clinical impressions related to the discipline offense; • Likelihood of understanding the acceptance of a Penalty Offer; • Likelihood of effectively participating in the hearing; • Potential impact of Special Housing on offender's cognitive/mental condition; and • Provide relevant comments and/or recommendations. <p data-bbox="240 947 1445 1072">Agency policy requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 1104 1485 1265">Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the Virginia Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.</p> <p data-bbox="240 1296 488 1323">Evidence Relied Upon:</p> <p data-bbox="240 1355 938 1382">Policy - 861.1 Offender Discipline - Institutions, pg. 6, 8, 11-12, 15, 21</p> <p data-bbox="240 1413 727 1440">Policy - 820.2 Inmate Re-entry Planning, pg. 4-5</p> <p data-bbox="240 1471 644 1498">Policy - 830.3 Good Time Awards, pg. 6</p> <p data-bbox="240 1529 775 1556">Policy - 038.3 Prison Rape Elimination Act, pg. 4, 8-9</p> <p data-bbox="240 1588 461 1615">Investigative Records</p> <p data-bbox="240 1646 504 1673">Interview with Investigator</p> <p data-bbox="240 1704 596 1731">Interviews with Medical Practitioner</p> <p data-bbox="240 1762 647 1789">Interview with Mental Health Practitioner</p> <p data-bbox="240 1821 497 1848">Interviews with Offenders</p> <p data-bbox="240 1879 466 1906">Analysis/Reasoning:</p> <p data-bbox="240 1937 1485 2157">The Auditor conducted formal interviews with the facility Investigator. The Investigator informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. Disciplinary charges are not placed on an offender for filing an allegation unless the facility can prove the offender made the allegation in bad faith. The Investigator was asked if charges are placed on offenders if a sexual act between two offenders is consensual. The Auditor was informed disciplinary charges are placed on offenders for participating in sexual activity but a consensual act will not be</p>

considered sexual abuse.

The Auditor conducted a formal interview with medical and mental health practitioners. The Auditor asked what services are offered to offenders. Offenders are offered counseling, therapy and other intervention services. The Auditor asked if offenders are required to participate in any meetings or sessions. The Auditor was informed offenders are not forced to participate in any medical or mental health service offered at the facility. Offenders maintain the right to refuse services. The mental health practitioner informed the Auditor her department is involved following an act of sexual abuse, including a consideration of whether mental disabilities may have contributed to the incident. Mental health services are provided by the mental health practitioner from another VADOC facility. When services are required the mental health practitioner responds to the facility.

Prior to placing charges on an offender for filing an allegation of sexual abuse in bad faith, the facility consults with the Western Region PREA/ADA Analyst. The analyst reviews the records and determines if the facility has sufficient evidence to place disciplinary charges on the offender. The facility must prove the offender filed the allegation in bad faith.

There were no allegations of sexual abuse made by an offender during the previous 12 months. There were no offenders charged for filing an allegation of sexual abuse in bad faith in the previous 12 months.

Conclusion:

The Auditor determined the agency has developed policies that align with PREA standard 115.78 Discipline Sanctions for Inmates.

Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed agency policies, procedures, investigative record, and conducted interviews with staff and offenders. The Auditor determined the facility meets the requirements of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 432">The Virginia Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any offender who informs staff he/she previously experienced sexual victimization or perpetrated an act of sexual abuse. The policy applies to any offender who reported whether the abuse occurred in an institutional setting or in the community. The Psychology Associate informs each offender of relevant treatment and programming options.</p> <p data-bbox="240 461 1485 622">Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p data-bbox="240 651 488 680">Evidence Relied Upon:</p> <p data-bbox="240 710 979 739">Policy - 730.2 MHWS: Screening, Assessment, and Classification, pg. 6-7</p> <p data-bbox="240 768 863 797">Policy - 425.4 Management of Bed and Cell Assignments, pg. 3</p> <p data-bbox="240 826 606 855">Policy - 701.3 Health Records, pg. 7</p> <p data-bbox="240 884 477 913">Risk Assessment Form</p> <p data-bbox="240 943 585 972">Interview with Medical Practitioner</p> <p data-bbox="240 1001 647 1030">Interview with Mental Health Practitioner</p> <p data-bbox="240 1059 446 1088">Interviews with Staff</p> <p data-bbox="240 1117 466 1146">Analysis Reasoning:</p> <p data-bbox="240 1176 1493 1498">The Auditor conducted a formal interview with medical and mental health practitioners. Medical practitioners screen every offender who enters the agency and each facility. The Auditor asked if offenders are offered a follow-up with the mental health professional when they report previously suffering sexual abuse. The Auditor was informed they are offered a follow-up meeting with a mental health professional. Medical and mental health practitioners were asked who they share sexual abuse information with. The Auditor was informed they only discuss the information they learn with those who have a need to know. The Auditor asked medical and mental health practitioners if they obtain written informed consent prior to sharing information related to sexual victimization that occurred in the community. The Auditor was informed if the victimization occurred in a community setting written informed consent would be obtained prior to reporting. No medical or mental health practitioner has had a need to report such victimization.</p> <p data-bbox="240 1527 1461 1655">The Auditor asked the medical and mental health practitioners who information regarding a sexual victimization or abusiveness that occurred in an institutional setting is reported to. The Auditor was informed that information is reported to the Shift Commander. The Auditor asked who has access to an offender's medical and mental health record. Only medical and mental health practitioners have access to an offender's medical and mental health records.</p> <p data-bbox="240 1662 1469 1856">The Auditor asked the mental health practitioner if she meets with offenders who have suffered sexual victimization in the community. The mental health practitioner stated she does meet with offenders who suffered sexual victimization. The mental health professional is notified when an offender reports suffering sexual victimization in the community, following an incident of sexual abuse and by referral or requests. When the offender agrees to accept the meeting, she does meet with the offender. The Auditor asked if meetings with her are mandatory or required. The mental health professional stated meetings</p> <p data-bbox="240 1863 1474 1991">are not mandatory; the offender has to agree to participate. The Auditor asked if sexual abusers are offered a follow-up meeting with mental health. The mental health practitioner informed the Auditor sexual abusers are offered a follow up but are not required to accept. When asked how the mental health practitioner is notified of offered follow-ups the mental health practitioner stated she is told verbally or receives an email from the Counselor.</p> <p data-bbox="240 2020 1482 2148">The Auditor conducted a formal interview with the facility counselor. The counselor was asked if offenders are offered a follow-up meeting with a medical or mental health practitioner if an offender reports previously suffering sexual victimization during the classification process. The Auditor was informed a follow-up with the mental health practitioner is offered. When asked how</p>

long it generally

takes for the meeting to occur the Auditor was informed mental health meets with the offender within a couple days. The counselor was asked who has access to the information obtained on the screening questionnaire. The Auditor was informed that information is accessible to select personnel who can inform housing, treatment and education decisions. The Auditor asked the counselor how she notifies mental health after learning an offender suffered sexual victimization. The Auditor was informed an email is sent to the mental health practitioner, followed by a phone call. The counselor stated she informs the mental health practitioner after learning an offender perpetrated an act of sexual abuse.

At the time of the audit there were no offenders housed who reported previously suffering sexual abuse. The facility has not housed an offender who disclosed previous victimization during this audit period. The agency's risk assessment requires the counselor document the date and time the counselor offers the follow-up meeting.

The Patrick Henry Correctional Unit does not house youthful offenders.

Conclusion:

The Auditor concluded offenders are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization and after the facility is informed the offender perpetrated an act of sexual abuse. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization. The Auditor reviewed agency policies, procedures, and conducted interviews with staff, medical/mental health practitioners and offenders. After review the Auditor concluded the agency meets the requirements of this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">The Virginia Department of Corrections policy requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 461 1493 555">Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does not maintain 24-hour medical coverage.</p> <p data-bbox="240 584 1481 712">The VADOC policy states, "Inmates/probationers/parolees are not to be assessed a co-payment charge for the following services:... Emergency and ongoing medical and mental health treatment services and care provided to inmate/probationer/parolee victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."</p> <p data-bbox="240 741 488 768">Evidence Relied Upon:</p> <p data-bbox="240 797 860 824">Policy - 720.7 Emergency Medical Equipment and Care, pg. 8</p> <p data-bbox="240 853 959 880">Policy - 730.2 MHWS: Screening, Assessment, and Classification, pg. 8</p> <p data-bbox="240 909 826 936">Policy - 720.4 Co-Payment for Health Care Services, pg. 6</p> <p data-bbox="240 965 732 992">Policy - 075.1 Emergency Operations Plan, pg. 6</p> <p data-bbox="240 1021 600 1048">Sexual Assault Response Checklist</p> <p data-bbox="240 1077 884 1104">MOU with the Virginia Sexual Domestic Violence Action Alliance</p> <p data-bbox="240 1133 496 1160">Zero Tolerance Brochure</p> <p data-bbox="240 1189 528 1216">Coordinated Response Plan</p> <p data-bbox="240 1245 751 1272">Interviews with Medical/Mental Health Practitioners</p> <p data-bbox="240 1301 448 1328">Interviews with Staff</p> <p data-bbox="240 1357 549 1384">Interview with Victim Advocate</p> <p data-bbox="240 1413 496 1440">Interviews with Offenders</p> <p data-bbox="240 1469 464 1496">Analysis/Reasoning:</p> <p data-bbox="240 1525 1493 1805">The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor asked if they feel medical and mental health services offered at the facility are consistent with a community level of care. The practitioners feel the services offered at the facility are consistent with those offered in the community. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed medical services are provided at the facility during normal business hours. The facility has one full-time medical practitioner. The medical practitioner is always on-call during off hours. The medical practitioner informed the Auditor the physician is always on-call. During off hours, the Shift Commander contacts the medical practitioner for non-emergency related medical concerns and contacts 911 for emergency medical related issues.</p> <p data-bbox="240 1834 1493 2130">Medical practitioners informed the Auditor offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by an agency mental health practitioner from the Green Rock Correctional Center and through the Virginia Sexual and Domestic Violence Action Alliance. The Auditor asked the medical practitioner if she offers timely information and access to sexually transmitted infection prophylaxis to offenders who are victimized by sexual abuse. The medical practitioner informed the Auditor offenders do receive such. The Auditor was informed the SANE may order such following the forensic examination. Medical and mental health practitioners were asked if offenders are charged a fee for treatment services related to a sexual abuse victimization. The Auditor was informed all services related to sexual abuse victimization are free to the victim. Each offender interviewed by the Auditor was aware treatments related to sexual victimization are provided at no cost to the victim.</p>

The Auditor reviewed security staff training records. Security staff are provided training in CPR and first aid in the event first responder treatment is needed. The Auditor conducted formal interviews with security staff. Each informed the Auditor they take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Security staff immediately notify their supervisor and medical personnel following an incident of sexual abuse. Security supervisors were asked what actions they take to ensure the safety of the offender following a sexual abuse incident. The Auditor was informed they separate the offender and ensure the offender is immediately escorted to the medical area.

The Auditor reviewed the facility's Coordinated Response Plan. The facility's coordinated response plan includes actions that ensure offenders who are victimized by sexual abuse receive timely unimpeded access to emergency medical attention. The Auditor reviewed the agency's Sexual Assault Response Checklist. Among other actions, the checklist requires the following actions be documented:

- Escort the victim to the facility medical unit as soon as possible to provide examination, treatment, and evaluation;
- Offer the victim a forensic examination;
- Test for sexually transmitted diseases;
- Offer the victim advocacy services; and
- Provide ongoing medical and mental health care.

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance. The memorandum stipulates the VSDVAA agrees to maintain a statewide Hotline that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims. The VSDVAA also agrees to provide accompaniment services during a forensic examination and investigations. The Auditor conducted a telephone interview with a victim advocate from the Virginia Sexual and Domestic Violence Action Alliance during an audit of another VADOC facility. The Auditor discussed the Memorandum of Understanding with the victim advocate. The advocate explained the crisis intervention services offered to offender victims of sexual abuse.

The Auditor conducted formal interviews with offenders. The Auditor discovered some offenders were aware of crisis intervention services and others were not aware. Each was asked if they were provided written information upon arrival at the facility. Each informed the Auditor they have received the agency's brochure and Inmate Orientation Handbook. The Zero Tolerance Brochure and handbook provides the contact information to the VSDVAA. Each offender was asked if they were aware services related to sexual abuse are free offender victims. Each was aware those services are free. The Auditor asked offenders if they watched a video related to sexual abuse. Each offender stated they did see the video. Each offender informed the Auditor they have seen the sexual abuse posters in the housing units and in service areas. The postings include information how to contact the VSDVAA. Each offender had attended an orientation upon arrival.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner. The SANE was asked if she provides sexually transmitted disease infection prophylaxis. The Auditor was informed she does offer such when appropriate. The SANE informed the Auditor offenders do not pay a fee for the forensic examination. The SANE does offer sexually transmitted infection prophylaxis during the forensic examination. The SANE informed the Auditor she leaves a treatment plan for facility medical staff to follow. The treatment plan includes sexually transmitted disease testing.

The Patrick Henry Correctional Unit has not received an allegation of sexual abuse during this audit period. As such, there have been no offenders requiring a forensic examination, sexually transmitted disease testing or prophylaxis, or emergency medical care related to sexual abuse. The PHCU houses male offenders and does not offer pregnancy testing or emergency contraception.

Conclusion:

The Auditor determined the facility provides offenders access to timely and unimpeded access to emergency medical services. Medical practitioners provide offender victims sexually transmitted infections prophylaxis. The Auditor reviewed agency policies, procedures, MOU, Coordinated Response Plan, Sexual Assault Response Checklist, Zero Tolerance Brochure and interviewed staff, offenders, victim advocate and SANE. The Auditor determined the agency meets the requirements of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1484 362">The VADOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul data-bbox="282 421 1437 544" style="list-style-type: none"> • Follow-up services; • Treatment plans; and • Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody, when appropriate. <p data-bbox="240 575 1410 665">The VADOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse.</p> <p data-bbox="240 696 1469 786">The policy requires medical and mental health services be provided consistent with a community level of care. All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 817 1394 907">The agency's policy requires a mental health practitioner attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.</p> <p data-bbox="240 943 488 969">Evidence Relied Upon:</p> <p data-bbox="240 1005 874 1032">Policy - 720.7 Emergency Medical Equipment and Care, pg. 10</p> <p data-bbox="240 1064 971 1090">Policy - 730.2 MHWS: Screening, Assessment and Classification, pg. 8-9</p> <p data-bbox="240 1122 713 1149">Policy - 720.1 Access to Health Services, pg. 3</p> <p data-bbox="240 1180 826 1207">Policy - 720.4 Co-Payment for Health Care Services, pg. 6</p> <p data-bbox="240 1238 422 1265">Offender Records</p> <p data-bbox="240 1296 585 1323">Interview with Medical Practitioner</p> <p data-bbox="240 1355 446 1382">Interviews with Staff</p> <p data-bbox="240 1413 448 1440">Interview with SANE</p> <p data-bbox="240 1471 464 1498">Analysis/Reasoning:</p> <p data-bbox="240 1529 1474 1780">The Auditor conducted a formal interview with a mental health practitioner. Mental health practitioners do not stipulate a minimum or maximum time they meet with victims of sexual abuse. The mental health practitioner meets with victims and abusers if the victim or abuser requests such meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor asked the mental health practitioner what services are offered to victims of sexual abuse. The Auditor was informed counseling sessions, referrals, if appropriate, and follow-up services, if needed. The mental health practitioner creates and follows treatment plans. The Auditor asked the mental health practitioner if she felt services offered at the facility are consistent with a community level of care. The Auditor was informed the services offered at the facility are consistent with community level services.</p> <p data-bbox="240 1816 1481 2040">The Auditor asked the mental health practitioner if she attempts to discover the underlying reasons that cause sexual abusers to commit such acts. The medical practitioner informed the Auditor she does attempt to conduct such evaluations and treatments with known offender-on-offender sexual abusers. The Auditor was informed those offenders are not required to participate in sessions with the mental health practitioner. The Auditor asked how long after learning an offender committed and act of offender-on-offender sexual abuse does she meet with them. The mental health practitioner stated she meets with the offender within a couple days. The mental health practitioner is aware the agency requires the meeting occur within 60 days.</p> <p data-bbox="240 2076 1477 2130">The Auditor discussed the practice of offering sexually transmitted infection prophylaxis with the medical practitioner. The Auditor was informed STD tests are offered at the time of the forensic examination and as routine medical care. The Auditor</p>

asked what the cost of services are for victims of sexual abuse. The Auditor was informed there are no costs for evaluations and treatments related to sexual victimization. The medical practitioner informed the Auditor she feels services offered at the PHCU are consistent with a community level of care.

The Auditor conduct a telephone interview with the Sexual Assault Nurse Examiner. The SANE explained she offers sexually transmitted disease testing at the time of the examination, when appropriate. The Auditor asked how much do the SANE services cost an offender. The SANE does not directly bill the offender for services related to the forensic examination. The SANE has not conducted a forensic examination for a PHCU offender during this audit period.

The Patrick Henry Correctional Unit is a male only facility. The PHCU does not routinely offer pregnancy tests and lawfully related pregnancy services. There have been no offenders who alleged suffering sexual abuse at the facility during this audit period. There have been no offenders who disclosed previous victimization during the booking process. The Auditor reviewed offender records and observed none of those offenders disclosed sexual victimization during the booking process.

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed offenders, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1481 434">The Virginia Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the Regional PREA Analyst no later than 14 calendar days of the conclusion of the investigation. Policy allows for an extension if the facility determines the report will not be completed within 14 days. The facility must contact the Regional PREA Analyst to discuss the extension. The VADOC policy requires the review team include:</p> <ul data-bbox="282 488 1209 645" style="list-style-type: none"> • At least 2 employees designated by the Unit Head; • One Administrative Duty Officer who will solicit input from the PREA Compliance Manager; • Line supervisors; • Investigators; and • Medical or mental health practitioners. <p data-bbox="240 676 919 703">Agency policy requires the review team conduct the following tasks:</p> <ul data-bbox="282 757 1473 1182" style="list-style-type: none"> • Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed; • Provide an analysis of the causal factors and contributing circumstances; • Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training; • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident; • Assess the adequacy of staffing levels in that area during different shifts; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Develop an Action Plan to limit or mitigate similar future incidents. <p data-bbox="240 1214 1461 1339">The agency's policy requires the review team include the team's findings and recommendations for improvement. The Incident Review Team is required to submit the report to the Regional PREA Analyst and Regional Office for review by the Regional Administrator and/or Regional Operations Chief. The facility is required to implement the recommendations for improvement or shall document the reasons for not doing so.</p> <p data-bbox="240 1370 488 1397">Evidence Relied Upon:</p> <p data-bbox="240 1429 887 1456">Policy - 038.1 Reporting Serious or Unusual Incidents, pg. 10-12</p> <p data-bbox="240 1487 743 1514">Policy - 038.3 Prison Rape Elimination Act, pg. 14</p> <p data-bbox="240 1545 451 1572">Investigative Record</p> <p data-bbox="240 1603 507 1630">Investigative Tracking Log</p> <p data-bbox="240 1662 571 1688">PREA Report of Incident Review</p> <p data-bbox="240 1720 448 1747">Interviews with Staff</p> <p data-bbox="240 1778 467 1805">Analysis/Reasoning:</p> <p data-bbox="240 1836 1485 1962">The Auditor reviewed all investigative records from the previous 12 months. The facility received no allegations of sexual abuse and one allegation of sexual harassment during the previous year. The investigator determined the sexual harassment allegation was unfounded. After reviewing investigative records and tracking mechanism, the Auditor determined the facility was not required to conduct an incident review following the conclusion of an investigation within the previous 12 months.</p> <p data-bbox="240 1993 1481 2145">The Auditor conducted a formal interview with a staff member who serves on the Incident Review Team. The staff member discussed the process of the review team with the Auditor. The staff member explained the team meets in the conference room and reviews the investigative report and discusses the allegation. The team member informed the Auditor the team follows the VADOC's formatted form to ensure all elements of this standard are considered. The team member stated the team makes recommendations for improvement and includes any recommendations on the final report. The Incident Review</p>

Team Member was asked when the team meets following an investigation. The Auditor was informed the team meets within 14 days of the conclusion of the investigation. The Auditor asked if the team has met within the previous 12 months and was informed the team has not conducted an incident review during the previous 12 months.

The Auditor reviewed the agency's PREA Report of Incident Review form. The Incident Review Team is required to meet within 14 days of the conclusion of the investigation. The review team consists of each required staff member in accordance with the agency's policy. The form requires the review team document its findings at the conclusion of the meeting. The Auditor observed the formatted report considers the following:

- Consider whether the allegation or investigation indicates a need to change procedure or practice to prevent, detect or respond to sexual abuse;
- Review facility practice to ensure compliance with procedural requirements (e.g., housing assignments);
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts; and
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The report is completed by the Incident Review team following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse. The form requires each team member's name be included. The form requires the signature of the Unit Head/Designee and the Regional Operations Chief/Regional Administrator. A copy of the form is forwarded to the Regional PREA/ADA Analyst. The PREA Report of Incident Review also asks, "What can be done to limit the occurrence or reduce the severity of future incidents?" There is a "Proposed Action Plan" section on the report that requires the specific parties and completion target dates.

Conclusion:

The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review on a formatted form. The Auditor reviewed agency policies, procedures, PREA Report of Incident Review, investigative records and conducted interviews with staff and determined the facility meets the requirements of this standard.

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1481 465">VADOC policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control, including private facilities, utilizing a standardized instrument and set of definitions. The incident-based data must be aggregated annually. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the VADOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p data-bbox="240 501 1481 658">The Virginia Department of Corrections contracts confinement of offenders with the GEO group at the Lawrenceville Correctional Center. The Lawrenceville Correctional Center is not under the direct control of the Virginia Department of Corrections. The VADOC collects and aggregates data accumulated at the Lawrenceville Correctional Center. The data is included in the agency final report and is located in the eastern region. The GEO group is required to collect, aggregate and report data from its facility to comply with the PREA standards.</p> <p data-bbox="240 689 488 716">Evidence Relied Upon:</p> <p data-bbox="240 748 743 775">Policy - 038.3 Prison Rape Elimination Act, pg. 14</p> <p data-bbox="240 801 408 828">Agency Website</p> <p data-bbox="240 860 400 887">Annual Reports</p> <p data-bbox="240 918 520 945">Surveys of Sexual Violence</p> <p data-bbox="240 976 464 1003">Analysis/Reasoning:</p> <p data-bbox="240 1034 1481 1128">The Auditor reviewed the agency's 2019 and 2020 Annual Reports published on the Virginia Department of Corrections website. Each report includes data aggregated from January 1st through December 31st. The reports were easily accessible as the agency's website was simple to navigate. The data collected included definitions of the following:</p> <ul data-bbox="284 1178 798 1370" style="list-style-type: none"> • Offender-on-offender nonconsensual sexual acts • Offender-on-offender abusive sexual acts • Offender-on-offender sexual harassment • Staff-on-offender sexual victimization • Staff sexual misconduct • Staff sexual harassment <p data-bbox="240 1402 1481 1532">The agency contracts for the confinement of its offenders with the GEO Group. The GEO Group operates a private prison in Lawrenceville, VA. A review of the agency's PREA Annual Report reveals the agency is collecting data from the Lawrenceville Correctional Center where Virginia Department of Corrections offenders are housed. The Lawrenceville Correctional Center is not under the direct control of the Virginia Department of Corrections.</p> <p data-bbox="240 1563 1481 1787">The Agency's website includes Bureau of Justice Surveys of Sexual Violence submitted by the agency from 2012 through 2014. The agency no longer publishes the completed surveys on its website. The Auditor received copies of surveys submitted by the agency from 2014 through 2019. The VADOC PREA Hotline Coordinator compiles the data, completes the Survey of Sexual Violence and submits the completed form to the Bureau of Justice Statistics. The 2019 survey was completed and submitted by the PREA Coordinator. All surveys are submitted by the agency before June 30th. The incident based data collected by the agency is sufficient to answer the questions on the Bureau of Justice Survey of Sexual Violence. The PREA Coordinator has not received a survey from the Bureau of Justice for 2020 data.</p> <p data-bbox="240 1818 1481 1975">The Auditor discussed the collection of sexual abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents in investigative records. Data is reported to the PREA Hotline Coordinator who is responsible for maintaining and compiling the annual data. The PREA Hotline Coordinator has an office in the VADOC Headquarters Building where data is securely stored in the locked office. All data derived from the PHCU is securely maintained in the Investigator's locked office.</p> <p data-bbox="240 2007 376 2033">Conclusion:</p> <p data-bbox="240 2065 1481 2159">The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The agency utilizes a standardized set of definitions for the reported data. The Auditor reviewed agency policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.</p>



Auditor Overall Determination: Meets Standard

Auditor Discussion

The Virginia Department of Corrections policy requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted in an attempt to:

- Identify problem areas;
- Take corrective action on an ongoing basis; and
- Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Policy requires the data review report include the following:

- A comparison of the current year's data and corrective actions with prior years;
- Provide an assessment of the DOC's progress in addressing sexual abuse;
- Must be approved by the Director; and
- Must be readily available to the public through the agency's website.

Policy allows the VADOC to redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility. Any redactions must be documented in the report to indicate the nature of the material redacted.

Evidence Relied Upon:

Policy - 038.3 Prison Rape Elimination Act, pg. 14-15

Annual Reports

Website

Interviews with Staff

Analysis/Reasoning:

The Auditor reviewed the Virginia Department of Corrections website. The agency maintains annual reports that include its findings and corrective actions for all agency facilities, including the Lawrenceville Correctional Center which the VADOC contracts for the confinement of offenders. The public can access the agency's reports through the "Offenders" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. Each report is accessible through the "PREA Reports Page" link. After opening this link the public can view each annual PREA Report and/or individual facility PREA Audit Reports. The agency's website includes annual reports published from 2014 through 2020.

A review of the facility's annual reports reveals the agency attempts to discover problem areas within each agency facility based on a review of data collected. The agency's annual report includes any corrective actions taken by the VADOC. The "Corrective Actions" section of the 2020 annual report included information regarding the addition of mirrors in the kitchen to eliminate a blind spot. The agency's 2020 Annual Report included corrective actions made at 27 facilities and specifies the corrective actions made at each facility. A recommendation was made to the private facility to add cameras in the staff dining hallway and eating area.

There were no problem areas identified at the Patrick Henry Correctional Unit. The annual report includes a "Summary" section. The section includes the total number of allegations as compared to the previous years allegation. The section identifies the number of facilities audited and the audit results. The 2020 "Summary" section compares allegations made in 2020 vs. those made in 2019. The section also summarizes facility audits. The 2019 report includes a "Summary and Comparison" section that identifies the following:

- Increase in call/reporting volumes from 2018 to 2019
- PREA Hotline calls increased by approximately 292 calls
- Increase in Staff Sexual Harassment allegations
- Decrease in Staff Sexual Misconduct, specifically voyeurism allegations

- PREA Hotline mailbox size increased due to high volume of calls received
- More Non-PREA calls received than PREA calls. This resulted in additional reminders to the offender population as to the appropriate use of the PREA Hotline
- Regional PREA Analyst conducted quarterly site visits to review audit documentation, talk to staff and offenders about PREA and how to report
- Regional PREA Analyst toured all areas of the institutions with the sole purpose of looking for blind spots and making recommendations to remedy them
- Regional PREA Analyst conducted additional PREA Specialized Training for new investigators
- All facility audits during the 3rd year of the audit cycle passed without a formal corrective action period
- Curriculum for orientation and in-service were modified to make it more interactive
- PREA Newsletter was created and distributed monthly
- The PREA Unit presented multiple internal conferences to ensure staff in specific roles understood their responsibilities for PREA Compliance in their roles

The Auditor observed a section of the annual report that compares data from each facility in the specific regions with one another. The data is compared in a pie graph style. The data is compared for the Western, Central and Eastern Regions. The section also includes a pie graph comparison of the agency data as a whole. In addition to the pie graph charts, each includes the numbers of the allegations for the top three facilities in each region. The Patrick Henry Correctional Unit did not experience any allegations during the 2020 year.

The Auditor discussed the annual reporting process with staff. The information for the annual report is derived from investigative reports, Incident Reviews and other relevant documents included in investigative records from each VADOC facility. Corrective actions are implemented at facilities when needed as the Incident Review Team recommends corrective actions when warranted following the incident review. Any corrective actions taken are documented in the agency's annual report. When problem areas are discovered, the Incident Review Team recommends a solution to address the problem area and includes the specifics in the annual report.

The Director of the Virginia Department of Corrections approves the agency's annual report before publishing on the agency's website. The Director and PREA Coordinator sign the annual report. The Auditor did not observe any redacted materials from any of the VADOC published reports.

Conclusion:

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities, including the Lawrenceville Correctional Center. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the agency's website. The Auditor reviewed agency policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.

115.89	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency's policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. Policy stipulates personal identifiers will be removed. The VADOC requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. All VADOC agency data is maintained by the agency's PREA Hotline Coordinator.</p> <p>Evidence Relied Upon:</p> <p>Policy - 038.3 Prison Rape Elimination Act, pg. 15</p> <p>Interviews with Staff</p> <p>Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted an interview with the PREA Compliance Manager. The PCM is responsible for reporting facility data to the Regional PREA/ADA Analyst. All facility data gathered by the PCM is maintained in his locked office. All data reported to the agency's PREA Hotline Coordinator is maintained by the coordinator in an office in the VADOC Headquarters Building. Information for the agency's annual report is compiled from investigative files, Incident Reviews and other supporting reports. Agency and facility data is maintained electronically on computers that require a unique username and password to gain access to the data.</p> <p>The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report. The Auditor observed data collected from 2014 through 2020. There were no personal identifiers included in any agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Hotline Coordinator for a minimum of 10 years after collection. A username and password are required to gain access to the computer used by the PREA Hotline Coordinator. All investigative data used to compile the data is maintained in the PCM and Investigator's locked offices. The Auditor observed the office of the PCM and Investigators.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1490 432">Each facility under the direct control of the Virginia Department of Corrections had been audited at least once during the previous three-year audit cycle. During the previous three year audit cycle, the Virginia Department of Corrections ensured at least one-third of its facilities were audited each year. This is the third year of the current audit cycle. During the first and second year of this cycle the Virginia Department of Corrections ensured at least one third of its facilities were audited. The Patrick Henry Correctional Unit was last audited in December 2018.</p> <p data-bbox="240 463 488 490">Evidence Relied Upon:</p> <p data-bbox="240 521 520 548">Previous PREA audit report</p> <p data-bbox="240 580 368 607">Facility Tour</p> <p data-bbox="240 638 461 665">Interactions with Staff</p> <p data-bbox="240 696 464 723">Analysis/Reasoning:</p> <p data-bbox="240 754 1490 913">The facility conducted this audit during the third year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures, documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12 month period. The facility allowed the Auditor the opportunity to conduct formal interviews with offenders and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility.</p> <p data-bbox="240 945 1490 1070">During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera and mirror placements and reviewed monitors to ensure offenders were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was allowed to correspond confidentially with the Auditor prior to the Auditor's arrival.</p> <p data-bbox="240 1102 1490 1261">The Auditor reviewed a letter provided by the previous PREA Auditor regarding the facility's findings. The letter was posted on the agency website and stipulates the Auditor found the facility in compliance with all standards after corrective action for standard 115.41. The previous Auditor was allowed access to all areas, conducted interviews with staff and offenders, and was provided facility documents during the previous audit. During the previous PREA audit the facility allowed offenders to confidentially correspond with the Auditor.</p> <p data-bbox="240 1292 1453 1395">The Auditor communicated with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance and the Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered through the Memorandums of Understanding with the VADOC.</p> <p data-bbox="240 1426 1490 1641">A notice was sent to the PREA Coordinator to post in facility areas. The notice included an address for written correspondence from offenders. The notice was written in English and Spanish. The Auditor received no correspondence from an offender prior to arriving on site for the audit. The Auditor observed the confidential correspondence notices posted in all offender housing units. The Regional PREA/ADA Analyst confirmed in an email the notices were posted and the Auditor confirmed all notices were posted on September 7, 2021 during the facility tour. The notices were posted for approximately five weeks prior to the audit.</p> <p data-bbox="240 1673 1465 1736">The U.S. Department of Justice did not send a recommendation to the Virginia Department of Corrections for an expedited audit of the Patrick Henry Correctional Unit during this audit period.</p> <p data-bbox="240 1767 373 1794">Conclusion:</p> <p data-bbox="240 1825 1230 1852">The Auditor concluded the Patrick Henry Correctional Unit meets the requirements of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 979 297">The agency has published its previous PREA Audit reports on its website.</p> <p data-bbox="244 331 488 358">Evidence Relied Upon:</p> <p data-bbox="244 387 408 414">Agency Website</p> <p data-bbox="244 443 544 470">Previous PREA Audit Reports</p> <p data-bbox="244 504 467 530">Analysis/Reasoning:</p> <p data-bbox="244 560 1493 685">The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The reports are easily accessible through a "drop-down" menu on the "Offenders" tab. After accessing the tab the public can access reports through the "Prison Rape Elimination Act" hyperlink. This page includes a "PREA Reports page." Each audit report for all VADOC facilities is accessible on the page. The Patrick Henry Correctional Unit was last audited in December 2018.</p> <p data-bbox="244 719 376 745">Conclusion:</p> <p data-bbox="244 775 1007 801">The Auditor determined the agency meets the requirements of this standard.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes