

PREA Facility Audit Report: Final

Name of Facility: Deerfield Men's Work Center 2

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/03/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input 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 type="checkbox"/> |
| Auditor Full Name as Signed: Joy Catrett-Bell | Date of Signature: 05/03/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------|
| Auditor name: | Catrett-Bell, Joy |
| Email: | jcbell1111@gmail.com |
| Start Date of On-Site Audit: | 04/24/2024 |
| End Date of On-Site Audit: | 04/25/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Deerfield Men's Work Center 2 |
| Facility physical address: | 15080 Old Belfield Road, Capron, Virginia - 23829 |
| Facility mailing address: | |

| Primary Contact |
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| Name: | |
| Email Address: | |
| Telephone Number: | |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-----------------------------------|
| Name: | Darrell Miller |
| Email Address: | darrell.miller@vadoc.virginia.gov |
| Telephone Number: | 434-658-3650 |

| Facility PREA Compliance Manager | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|------------------------------|
| Name: | Linda Ray |
| Email Address: | linda.ray@vadoc.virginia.gov |
| Telephone Number: | 434-358-3996 |

| Facility Characteristics | |
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| Designed facility capacity: | 200 |
| Current population of facility: | 109 |
| Average daily population for the past 12 months: | 136 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |

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| Age range of population: | 21-66 |
| Facility security levels/inmate custody levels: | Work Center |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 15 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 7 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 25 |

AGENCY INFORMATION

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| 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: | 8046743000 |

Agency Chief Executive Officer Information:

| | |
|--------------------------|------------------------------------|
| Name: | Chadwick Dotson |
| Email Address: | Chadwick.Dotson@vadoc.virginia.gov |
| Telephone Number: | 804-887-8080 |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|----------------|-----------------------|-----------------------------------|
| Name: | Tammy Barbetto | Email Address: | tammy.barbetto@vadoc.virginia.gov |
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:

3

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.87 - Data collection

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2024-04-24 |
| 2. End date of the onsite portion of the audit: | 2024-04-25 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Action Alliance |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 200 |
| 15. Average daily population for the past 12 months: | 136 |
| 16. Number of inmate/resident/detainee housing units: | 2 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 102 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |

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| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>Deerfield is a work Center and the population of inmates meeting the criteria were not present. 4</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>15</p> |
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>0</p> |

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| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>1</p> |
| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>None</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>23</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Auditor reviewed roster and selected based upon the above factors.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |

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| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The Auditor began conducting inmate interviews the first day of the on-site portion of the audit. Based upon the inmate population on day one of the audit (102), the PREA Auditor Handbook required that the auditor interview a minimum of 20 inmates, 10 random and 10 targeted. A total of 23 inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. Inmate interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There were no instances of refusal of selected inmates for interviews. I increased the number of required random resident interviews to make up for the lack of targeted residents.</p> |
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Targeted Inmate/Resident/Detainee Interviews

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| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>0</p> |
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |

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| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |

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| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |

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| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |

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| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>I increased the number of required random resident interviews to make up for the lack of targeted inmates.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>10</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Random staff were selected from all shift assignments. There were no barriers in completing interviews.</p> |

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

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| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 18 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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| | <input checked="" type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | Training coordinator, Mailroom staff |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | Chaplin services staff were interviewed. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of inmates, security rounds, interaction between staff and inmates, shower and toilet areas for inmates, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of staff communication in inmate housing units, search procedures, and availability access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. |
| Documentation Sampling | |
| Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record. | |
| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor conducted a document review of employee and inmate files and conducted spot checks of documents that were previously provided to the auditor with the PAQ, including log books and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance of standards on hiring, promotion and background check procedures for officers and contract staff. The Auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new employees, as well as the procedure for annual refresher training. Reviewed inmate files to evaluate intake procedures, including screening, housing assignments, and verification of inmate PREA education. The Auditor requested additional supporting documentation that included training records, inmate medical records, inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|--|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There have been no allegations at Deerfield during the past 12 months. |

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|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>The facility reported there had been no offenses committed to file. There have been no allegations at Deerfield during the past 12 months.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

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| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>There have been no allegations at Deerfield during the past 12 months.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

ABM Management LLC

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • 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 | |
| <p>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.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------------|--|
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>VADOC OP - 030.3 Prison Rape Elimination Act</p> <p>VADOC OP - 135.2, Rules of Conduct Governing Employees Relationships with Probationers/Parolees</p> <p>Inter Office Memorandum</p> <p>VADOC Organizational Chart</p> <p>Organizational Chart</p> <p>VADOC Work Description and Performance Plan - PREA/ADA Analyst</p> <p>VADOC Work Description and Performance Plan - PREA/ADA Supervisor</p> <p>VADOC Work Description and Performance Plan - Institutional Operations Manager</p> |

Staff Interviews

Inmate Interviews

VADOC OP 038.3 serves to establish the agency's zero tolerance policy and outline the agency's approach to implementing the PREA standards. The PREA Manual outlines the agency's approach to implementing the zero-tolerance policy and OP-135.2 outlines the facility's approach to implementing practices covered by the agency policy and the agency PREA manual. This Auditor reviewed these documents in their entirety to determine compliance. The agency PREA manual is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, which were previously covered by a network of policies relative to such areas as segregation, employee training, inmate work placement, health care, housing and education.

The agency manual addresses relevant topics to include definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of inmates, protective custody, protection from retaliation, disabled and LEP inmates, human resource processes, staffing plans, management initiatives, facility upgrades, contracting, collective bargaining, reporting sexual abuse and sexual harassment, inmate grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services, victim advocates, confidential support services, investigations, disciplinary sanctions, sexual abuse incident reviews, data collection, data review and data storage.

The Department's PREA Coordinator oversees and coordinates the efforts of the VADOC to comply with Federal PREA Standards including development and implementation of policy, staff training and inmate PREA education. Each institution PREA Manager coordinates the collection of data in preparation for each three-year cycle of audits required by the standards. Each correctional facility has assigned a PREA Coordinator with sufficient time and authority to coordinate the facility's efforts to comply with the standards. The PREA Coordinator is responsible for monitoring and aiding in the facility's PREA compliance of all institutional areas to include staff/inmate training, reporting, staffing plans, investigation of PREA allegations, operating procedures, and audit preparation.

Conclusion: The Auditor conducted a thorough review of the agency's policies, procedures, organizational charts, inter office memorandum, employee records and conducted interviews with staff and inmates. The Auditor determined the Virginia Department of Corrections has developed an appropriate zero-tolerance policy that includes prevention, detection, and response approaches relevant to allegations of sexual abuse and sexual harassment. The Auditor determined the facility exceeds the requirements of this standard.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 1117 374">Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p data-bbox="256 412 895 445">OP Policy - 038.3 Prison Rape Elimination Act</p> <p data-bbox="256 483 1118 517">VADOC OP Policy - 260.1 Procurement of Goods and Services</p> <p data-bbox="256 555 600 589">Contracts and Renewals</p> <p data-bbox="256 627 922 660">Lawrenceville Correctional Center Audit Report</p> <p data-bbox="256 698 730 732">Community Residential Programs</p> <p data-bbox="256 770 1458 1055">The Virginia Department of Corrections contracts for confinement of its inmates with GEO Corrections & Detention, LLC. Which operates a private prison in Lawrenceville, Virginia. The GEO prison is designed to hold up to 1,600 inmates for the Virginia Department of Corrections. The Auditor reviewed the PREA Audit report of the Lawrenceville Correctional Center which was submitted in August 2022. The Lawrenceville Correctional Center was found to have exceeded in five standards, while meeting the requirements of all remaining standards.</p> <p data-bbox="256 1093 1461 1503">The Auditor reviewed the contract between the Virginia Department of Corrections and GEO Corrections & Detention, LLC. which was entered into 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 the contract that allows VADOC to monitor GEO's compliance with PREA standards. The Eastern Regional PREA/ADA Analyst conducts quarterly site visits at the Lawrenceville Correctional Center to monitor compliance with PREA standards and completes a report following the site visit. The quarterly facility site visit report requires the analyst and contract monitor to document findings related to each PREA standard.</p> <p data-bbox="256 1541 1469 1912">The agency has a VADOC policy that requires confinement of inmates in any new contract or contract renewal include the entity's obligation to adopt and comply with Prison Rape Elimination Act standards. The VADOC 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 VADOC policy that does not allow the DOC to enter into a contract with an entity that fails to comply with PREA standards except in emergency situations. In the event of an emergency, 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="256 1951 1433 2101">Conclusion: Agency contracts and renewals for the confinement of VADOC inmates include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the facility meets the requirements of this standard.</p> |

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| 115.13 | Supervision and monitoring |
| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 1117 376">Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p data-bbox="256 412 951 448">VADOC OP - 401.2 Security Staffing Assignments</p> <p data-bbox="256 483 951 519">VADOC OP - 401.3 Administrative Duty Coverage</p> <p data-bbox="256 555 1174 591">VADOC OP - 401.1 Development and Maintenance of Post Orders</p> <p data-bbox="256 627 544 663">Annual Staffing Plan</p> <p data-bbox="256 698 509 734">Site Observations</p> <p data-bbox="256 770 844 806">Completed Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="256 842 541 878">Assignment Rosters</p> <p data-bbox="256 913 394 949">Logbooks</p> <p data-bbox="256 985 507 1021">Warden Interview</p> <p data-bbox="256 1057 461 1093">PCM Interview</p> <p data-bbox="256 1128 879 1164">Intermediate or Higher-Level Staff Interview</p> <p data-bbox="256 1200 906 1236">VADOC Statewide PREA Coordinator Interview</p> <p data-bbox="256 1272 1469 1473">VADOC policy states that by January 31st of each calendar year, each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. The policy states the Warden shall identify on each post assignment schedule all critical posts. Posts that are critical to the security of the institution must be filled during each shift.</p> <p data-bbox="256 1509 1477 1841">The staffing plan review is documented on an agency-wide standardized form and interviews with the State-wide PREA Coordinator, and Warden indicated the facility does conduct a staffing plan review at least annually. The DMWC II Staffing Plan was reviewed for approval by the Chief of Security, Assistant Warden, DMWC II PREA Coordinator, and Warden in February 2024. The staffing plan considers all the criteria required for a staffing plan review as required in this standard and provides areas for narrative, recommendations, signatures by the facility compliance manager and agency wide coordinator.</p> <p data-bbox="256 1877 1442 2078">The DMWC II Staffing Plan addresses the requirements of the standard and per an interview with the Warden, the staffing plan considers all elements and is based on critical posts that are required to be covered on each shift. The Warden stated that critical posts are never vacated when inmates are in the areas and posts are supervised by staff with additional security provided through video monitoring. The</p> |

Warden and Assistant Warden randomly review video footage to ensure proper supervision and rounds are being conducted on all shifts.

The facility staffing plan is developed with minimum operations staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan for Critical and Non-Critical Post. The daily rosters identify positions, the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. The Chief of Security manages the security staff post assignments and is responsible for submitting the quarterly Post Assignment Schedule each quarter to the Warden for approval.

The Auditor reviewed the DMWC II Post Audit which is developed to ensure appropriate staffing levels are determined. The most recent post audit includes (15) full-time staff and ensures there is sufficient security staffing to safely manage the inmate population. The facility accurately documents justifications for deviations from the staffing plan and most common reasons for deviations from the staffing plan are short term disability, health emergency leave, medical transportation, regular 40-hour in-service/training, vacations, and retirements. The Warden stated that management staff support all efforts to provide adequate staffing levels and make necessary adjustments to comply with the facility's staffing plan requirements. The facility utilizes overtime and a draft procedure to fill any vacated critical post during a shift. Daily security staff rosters requested by the Auditor reflected changes made and the reason for each change and identified that correctional staff were able to maintain compliance within the staffing plan requirements to include staff reassignment for various days and shifts while ensuring all critical posts were filled.

The PCM provided documents to verify that unannounced inspections are conducted monthly in accordance with the PREA Inspection Worksheet, and the unannounced rounds are randomly conducted to identify and deter sexual abuse and sexual harassment at the facility. The shift supervisor, department heads, Warden, and other executive staff shall conduct and document random unannounced rounds. The unit logbooks are signed by the staff member making the rounds with "Unannounced PREA Inspection/Security Check ". Interviews with inmates verified female staff announce their presence when entering housing units.

The Auditor reviewed housing unit logbooks during the tour and observed documentation supporting supervisory staffs unannounced rounds on all shifts. Supervisory staff document their unannounced rounds as "Unannounced PREA Inspection and/or Unannounced PREA Inspection/Security Check" in the housing unit logs and confirmation of supervisory rounds were also provided during interviews with supervisory staff. All supervisory staff stated they alternate their rounds and do not have a set schedule or pattern in when they conduct their rounds. They ensure the rounds are conducted and in a manner that staff and inmates are unable to determine their anticipated arrival to the housing units or program areas. Logbook's entries confirmed a variety of times in which these rounds were conducted.

Conclusion: Based on the review of the staffing plan, quarterly post assignment

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| | <p>schedules submitted for approval by the Warden, daily post assignment rosters, interviews, review of unannounced rounds, the Auditor determined that DMWC II meets the mandate for the standard.</p> |
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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 425.4 Management and Bed Assignments</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>DMWC II Memorandum</p> <p>Observations</p> <p>Interviews Warden</p> <p>PCM Interview</p> <p>VADOC Statewide PREA Coordinator Interview</p> <p>Medical Staff Interview</p> <p>Classification Officer Interview</p> <p>VADOC Operating Policy 425.4 states; Youthful inmates will not be placed in a housing unit in which the inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. VADOC policy always requires direct supervision by institutional staff when a youthful inmate and an adult inmate have sight, sound, or physical contact with one another. The agency assigns youthful inmates 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>The Auditor conducted formal interviews with staff and was informed that DMWC II does not house youthful inmates. The Auditor interviewed random, specialized staff, and discovered no staff had knowledge that a youthful inmate had been housed at the facility during this audit cycle. The Auditor asked staff if they have housed an inmate under the age of 18 who had been certified as an adult. Staff were not aware of any inmate housed within the classification.</p> <p>Conclusion: The Auditor reviewed VADOC policies and procedures, interviewed staff,</p> |

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| | made observations, and determined the facility meets all provisions of this standard. DMWC II does not house youthful inmates. |
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| 115.15 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP 038.3 Prison Rape Elimination Act</p> <p>OP 445.4</p> <p>Memos</p> <p>OP-401.2 Security Staffing Assignments</p> <p>OP-801.1</p> <p>OP-401.1 Development and Maintenance of Post Orders</p> <p>Logbooks</p> <p>OP-720.2</p> <p>In Service Training</p> <p>BCO Training</p> <p>OP-350.2</p> <p>Staff Orientation</p> <p>Interviews</p> <p>Observations</p> <p>DMWC II certifies that security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner and least intrusive manner possible. These searches shall be consistent with security needs and should circumstances allow, staff should consult with the transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require the Warden's authorization.</p> <p>Interviews with staff did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by</p> |

security or medical staff has been conducted at DMWC II. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months and interviews with male inmates concluded they have not had any occurrences in where they were subjected to cross-gender viewing by staff during a strip search or visual search.

Female correctional officers may search inmates of both genders; however, female security staff may conduct visual searches of male inmates upon being identified as transgender and/or intersex at the inmate's request if a deviation form has been submitted and approved. Strip searches are performed exclusively by staff of the same gender this including a provision for transgender or intersex inmates who may prefer to be searched by a specific gender of medical staff. The facility provides training on LGBTI Pat-Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards.

The Pre-Audit Questionnaire noted that 100% of staff have received training and confirmation of Pre-service search training was provided. Additionally, random staff interviews indicated they received training during pre-service and annual service training sessions. The Auditor was provided training rosters identifying all security staff's completion of the required Pat Search Training during the post audit phase and training provided was taken from the DMWC II Search Training lesson plan.

Interviews with staff and inmate population confirmed the male inmate population is pat searched by both male and female staff members. The DMWC II PCM, intake staff and classification staff indicated there has been no inmates identified as transgender or intersex housed at DMWC II during the review period.

Opposite gender staff must announce themselves when entering the housing unit and this practice was observed during the tour. The Auditors conducted 23 formal interviews and informal interviews with the inmate population, all acknowledged that when a female staff member entered the male housing units, the opposite gender announcement was made clearly and loudly by assigned housing unit officer or by staff entering This practice was repeatedly observed throughout the Auditor's tour of housing units.

Observation during the tour of the institution confirmed procedures were developed in the structural operational planning that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender The Auditor conducted a detailed tour of the facility and was granted access to all inmate housing units and other support areas. The Auditor observed all shower and restroom areas in the facility and confirmed the inmates could shower and use the restroom without security staff of the opposite gender seeing them fully naked and showers would be made available to transgender and intersex inmates during facility counts while other inmates are restricted to their bed area. The Auditor reviewed shift assignments and discovered each shift was assigned both male and female staff. The Auditor was informed by supervisors the facility maintains a balance of male and females on each shift to ensure inmates can be searched by a staff member of the same sex as the

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| | <p>inmate.</p> <p>If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. If there is uncertainty as to a inmate's gender, the responsible officer shall use best judgment as to how the inmate presents, as male or female, and shall arrange for an officer of the same gender conduct the search. If the subject of the search, then objects based on gender, an officer of the person's apparently preferred gender shall conduct the search. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.</p> <p>An interview with the Assistant Warden and PREA Coordinator verified that applicable inmates identified as intersex or transgender would be reviewed and interviewed by the Gender Dysphoria, Transgender, Transsexual, Intersex, Gender Non-Conforming Accommodation Review Committee. Upon completion of the review, the meeting minutes are forwarded to the Central Office for further review and determination of inmates' status.</p> <p>Conclusion: Based on the review of policies, documents, confirmation of completed search training, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Observations</p> <p>OP - 038.3 Prison Rape Elimination</p> <p>Inmate Handbook</p> <p>Zero Tolerance Brochure</p> <p>Stratus Audio, LLC</p> <p>VLS Interpreter Services.</p> <p>Contract Propio, LLC. Contract</p> |

Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training

Training Records

Interviews with Staff

Interviews with Inmates

Memos

The Auditor reviewed the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment handbook for inmates which are distributed upon arrival at the facility. The facility displays PREA posters written in English and Spanish throughout the facility. Staff will read the PREA information provided during Intake for inmates who are blind or have low vision or who cannot otherwise obtain the information. The facility maintains its Inmate handbook in English and Spanish and formatted in Braille for inmates who are visually impaired. The facility's PREA video is both audible and closed captioned for those who may be deaf or blind. The facility maintains the PREA video in English and Spanish and if the facility receives an inmate with an intellectual or cognitive disability, a staff member conducts an individual session with the inmate to ensure the inmate receives the agency's PREA information and understands the information. Propio Language Services is utilized as the facility's translation service provider to provide multiple languages to assist LEP inmates. The VADOC brochure, "Sexual Assault Awareness and Prevention" and PREA posters that are displayed throughout the facility are in both English and Spanish.

The VADOC and DMWC II work to provide PREA information to inmates in numerous formats to ensure that all inmates are able to understand PREA and how they can report sexual abuse or sexual harassment. The inmate handbook includes information pertaining to Reporting Sexual Abuse/ Harassment, Emotional Support, Zero Tolerance, inmate Rights, How to Get Help, and PREA definitions. Inmates who cannot read English or Spanish can benefit from the facility's PREA information using the language line service Propio. When the facility cannot provide a staff interpreter, staff read the information to the interpreter who translates the information to the inmate. The VADOC has a current contract with Purple Language Services to provide Sign Language services to hearing impaired inmates.

Each inmate entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided PREA education within three days of arriving at the facility. Inmates are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the inmate handbook and PREA education.

Conclusion:

The Auditor conducted a thorough review of the agency's policies, procedures, Inmate Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, PREA educational video, interpretive services contracts, inmate records, training records,

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| | interviews with staff & inmates and made observations to determine the facility exceeds the requirements of this standard. |
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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP 102.2 Recruitment, Selection and Appointment</p> <p>VADOC OP 260.1 Procurement of Goods and Services</p> <p>VADOC OP 135.1 Standards of Conduct</p> <p>Employee Records</p> <p>Contractor Records</p> <p>Background Investigation Questionnaire</p> <p>Employment Application</p> <p>Employee Self-Assessment Form</p> <p>VADOC OP 102.3 Background Investigation Program</p> <p>Interviews with Human Resource Supervisor</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>The VADOC requires that all applicants apply for any positions online and included in the employment application packet are three required PREA questions. If any of those questions are answered with a “yes”, the system will automatically disqualify the application and the applicant is ineligible for employment. The application also contains a statement that must be acknowledged by the applicant stating they understand that any false information provided to the Commonwealth could result in termination or prosecution. The local facility will conduct an initial background check on those that are chosen to advance through the hiring process. This background check is known as a VCIN check, which is the Virginia Commonwealth Information Network. If an applicant is selected for employment, their information is then sent to the Background Unit at VADOC headquarters in Richmond for a more in-depth background check.</p> |

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| | <p>Reference checks are performed at this stage of the hiring process and if the applicant has worked at another correctional facility, the facility will be contacted. The institution's Human Resource office tracks the required background checks which are conducted at a minimum of every five years and background checks are also required when an employee transfers, promotes or is hired. In addition, any applicant applying for promotion is required to answer the (3) PREA questions regarding any PREA related case against the applicant. These questions are required and documented for each employee during their annual performance review process. Contractors and volunteers are required to have background checks prior to contact with inmates at the facility. The Auditor concluded that DMWC II 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.</p> <p>Conclusion: The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Background Investigation Report, Employment Application, Employee Self-Assessment, Criminal History Background check, interviewed staff and contractors. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 801.1 Facility Construction, Renovation, and Physical Plant Maintenance</p> <p>Purchasing Records</p> <p>Institutional camera schematics</p> <p>Interviews with Staff</p> <p>Agency head interview</p> <p>Warden interview</p> <p>DMWC II PCM interview</p> <p>MOU's</p> <p>The Auditor conducted an interview with the Warden and PREA Compliance Manager and they understand their responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates</p> |

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| | <p>from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility. The Auditor reviewed the camera diagram which included the placement of facility cameras throughout the facility that included inmate housing units, blind spots, hallways, recreation area, and other areas to enhance the facility's prevention, detection, and response to sexual abuse.</p> <p>Conclusion:</p> <p>The Auditor conducted a review of the agency's policies, procedures, purchasing documents, diagram, interviewed staff and made observations to determine the facility meets the requirements of this standard.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 030.4, Special Investigations Unit</p> <p>VADOC OP - 720.7, Emergency Medical Equipment and Care</p> <p>VADOC OP - 038. 3 Prison Rape Elimination Act</p> <p>VADOC OP- 730.2, Mental Health Services: Screening, Assessment and Classification</p> <p>VADOC OP - 030.1, Evidence Collection and Preservation,</p> <p>Virginia Forensic Nurse Examiner Programs</p> <p>Forensic Nurse Examiner Contact List</p> <p>SIU Agent interview</p> <p>Virginia Sexual and Domestic Action Alliance Contract</p> <p>Review of PREA Investigative Files</p> <p>Memorandums of Understanding</p> <p>Victim Advocate and SANE</p> <p>OIC Special Agent interview</p> <p>The Auditor reviewed the agency's policies and procedures on evidence protocol and</p> |

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 investigation. DMWC II personnel are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene. The Auditor reviewed the agency's MOU with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA).

The Auditor conducted a telephone interview with a Victim Advocate with the Virginia Sexual and Domestic Violence Action Alliance and the representative confirmed the VSDVAA provides victim advocacy for inmate victims of sexual abuse and all protocol is adhered to. The advocate stated if requested, the advocate would also accompany the victim during investigatory interviews and emotional support services are provided on site or by telephone with inmates when requested. DMWC II has not used a staff member to perform the services for victims. The most recent revision was effective on 9/1/23 and the agreement is effective for one year with renewable options. The agreement may be terminated by either party, without penalty, upon 60 days written notice to the other party. The agreement allows VADOC the opportunity to add additional facilities as agreed upon by the parties.

The MOU is applicable to multiple VADOC facilities and provides a toll-free Hotline (statewide) for reporting sexual abuse or assault, to victims who desire an external method of reporting. They ensure confidentiality for all calls to the Statewide hotline as noted by the Action Alliance confidentiality and release information policies. If the victim agrees to the release of information, Action Alliance will immediately forward any report of sexual abuse or assault to the Regional PREA/ADA Analyst and maintain a record of calls from VADOC victims that include non-identifying demographic information, information about the violence, demographic information about perpetrator, and location of the sexual abuse or assault. AA provides VADOC with information about victims of allegations referencing an assault with the permission of the victim. They provide confidential crisis intervention and emotional support services related to all sexual abuse or assault to the victims and accompaniment service 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.

Action Alliance victim advocates who provide accompaniment services to VADOC victims are required to complete PREA training pertinent to responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse or sexual harassment of inmates. Action Alliance victim advocates providing accompaniment services to VADOC victims have been screened to ensure they do not have a history of perpetrating sexual violence. All staff and volunteers shall agree to have a criminal history record check completed through the Virginia Criminal Information Network prior to entrance into a VADOC facility and will be asked to disclose relationships to individuals who are employed by or in the custody of the VADOC.

The Auditor reviewed the Virginia Forensic Nurse Examiner Programs list by region and the DMWC II is in the Eastern Region. Forensic services are performed for DMWC II at the Virginia Commonwealth University Medical Center. The Auditor reviewed the contact information of the SANE at the VCU Medical Center and conducted a telephone interview with a Sexual Assault Nurse Examiner from the VCU Medical Center. The SANE explained the forensic examination is conducted at the hospital and a forensic examination and tests are offered at the time of the examination and a victim advocate can accompany the victim during the forensic examination and the SANE stated an advocate can accompany the victim if they request the accompaniment. The Auditor conducted formal interviews with medical practitioners and asked if medical practitioners conduct forensic examinations at the facility and they stated they do not conduct forensic examinations at the DMWC II. The Auditor was informed forensic examinations are conducted at the VCU Medical Center by a certified SANE staff member.

Interviews with investigators verified that investigations are conducted both administratively and criminally, and if deemed necessary, the case will be investigated by the Special Investigations Unit (SIU) which is an internal affairs unit of VADOC. If the case is a claim of sexual harassment or is not criminal in nature, the Institutional Investigators will investigate. Institutional investigators were interviewed as part of this audit and were able to discuss evidence collection protocols. Operating Procedure 038.3 includes information that an inmate shall not be held financially responsible for the PERK kit being completed, or any other medical or mental health services related to a PREA related case. The facility is utilizing appropriate evidence protocol to maximize the potential for usable physical evidence and makes victim advocates available to victims of sexual abuse.

Conclusion: The Auditor reviewed the VADOC policies, procedures, MOU and conducted interviews with staff, SANE staff, and victim advocates. The Auditor determined the facility meets the requirements of this standard.

| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Materials, Interviews, Policies and Other Evidence Reviewed: OP 030.4 Special Investigations Unit OP 038.3 Prison Rape Elimination Act Code of Virginia 53.1-10 |

Investigative Records

Agency Website

Interviews with Staff

Inmate interviews

Investigative Matrix

Referral Memo

Staff interviews at DMWC II indicate the VADOC has a Special Investigation Unit (SIU) with law enforcement authority to investigate crimes within VADOC facilities. Institutional Investigators initiate administrative or criminal investigations at the facility and when an allegation is received, the Warden of the facility, the Institutional investigator, and the PREA Analyst are notified. If the allegation is criminal in nature, the SIU would also be notified, and staff would ensure the victim is protected while all protocols are instituted.

The Auditor conducted a formal interview with the facility's Sexual Abuse Investigator who was able to explain the process once an allegation appears to be criminal in nature. The Investigator stated the SIU Investigator is notified immediately to conduct a criminal investigation and the referral is documented by the facility Investigator. If an allegation that happened at another agency is received, the institution reports these allegations to the respective authority and the Warden has protocol to follow. Review of Operating Procedures, case files, and staff interviews, verify compliance of this standard. DMWC II has (3) current staff members who have received training to conduct administrative investigations in the facility and the VADOC has nineteen (19) trained SIU Investigators. The SIU investigates criminal acts of sexual abuse that occur in agency facilities.

The Auditor conducted an interview with an agency SIU Investigator who explained their authority in conducting criminal investigations. They stated they're certified law enforcement officers in the State of Virginia and have the legal authority to arrest and place criminal charges on persons at the institution. If the SIU Investigator determines the act may not be prosecutable, it is referred to the facility Investigator for an administrative investigation. If a case appears to be prosecutable, the SIU will consult with the Commonwealth's Attorney on prosecutorial efforts.

The facility reported (0) allegations of sexual abuse and sexual harassment cases were received within the previous 12 months. The Auditor concluded that DMWC II 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

Conclusion: After reviewing agency policies, procedures, website, investigative records, interviewing staff and inmates, the Auditor determined the facility meets the requirements of this standard.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 102.6, Staff Orientation</p> <p>VADOC OP - 350.2 Training and Development</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>PREA Training Curriculum/Documents</p> <p>PREA Training Lesson Plans</p> <p>Trainer Outline</p> <p>Training Checklist</p> <p>Employee Training Records</p> <p>PREA/ADA Newsletters</p> <p>DMWC II PCM interviews</p> <p>DMWC II Training Staff interviews</p> <p>Random staff</p> <p>BCO PREA Training</p> <p>The Auditor reviewed the facility’s training curriculum utilized to teach and train staff with comprehensive PREA related courses. A VADOC Certified instructor uses the Trainer Outline to train current staff and new staff during their orientation at the training academy. The training provided during the basic academy is not tailored to any specific inmate gender. All VADOC PREA classes require the participant to pass a test upon completion and DMWC II provides PREA training to all staff annually.</p> <p>Current staff and contractors are required to participate in (40) hours of in-service training which includes a block for PREA training and on-line PREA training. The PREA Coordinator creates a PREA & ADA Newsletter which is issued to all VADOC personnel monthly to provide additional training and information.</p> <p>The facility reported there are (15) staff currently employed that have contact with inmates. The Auditor reviewed DMWC II training records for the prior 12-month period to verify all staff had been provided annual in-service training and a signed (PREA) Training Acknowledgement form was on file for each staff member. The facility provided the Auditor with copies of the facility’s PREA curriculum, training logs, certificates of completion, and training acknowledgement forms. The training curriculum meets requirements and staff interviews indicate staff have received the</p> |

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| | <p>training required.</p> <p>Staff interviews included education, programs, clerical, mail room, security staff, religious services, mail room, and contract workers, Staff reported they complete PREA training annually during in-service training and 100% of the random staff interviewed reported the in-service training contains all the information required by this provision. Staff who have not completed training or may have been unable to attend for various reasons (injury, illness, schedule conflict) are required to complete the training upon their return to work and prior to the end of the fiscal year. To determine staff’s knowledge and understanding of the PREA education received, the Auditor presented staff with a variety of scenarios during the interview process and staff were knowledgeable of their responsibility as a first responder and their duty to report.</p> <p>The Auditor determined staff were knowledgeable of the information provided during the PREA training. The training coordinator confirmed that staff are shown the PREA video and attended a class session that include the following topics: VADOC zero-tolerance policy on sexual abuse and sexual harassment, definitions related to PREA, Inmates right to be free from sexual abuse and sexual harassment, retaliation, vulnerable populations, detecting sign of sexual abuse/harassment and the appropriate reporting response, how to avoid in appropriate relationships with inmates, effective professional communication with inmates, and reporting of PREA allegations to outside authorities.</p> <p>Conclusion: The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. The Auditor reviewed the agency VADOC Policy, procedures, training curriculum, attendance rosters, newsletters, conducted interviews with staff & inmates and determined the facility meets the requirements of this standard.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>VADOC OP 038.3, Prison Rape Elimination Act</p> <p>VADOC Volunteer Services Curriculum/Power Point Presentation</p> <p>PREA Training Records for Volunteers and Contractors</p> <p>PREA Training Documentation</p> |

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| | <p>PREA Training Acknowledgement</p> <p>VADOC OP 350.2 Training and Development</p> <p>VADOC OP 102.6 Staff Orientation</p> <p>VADOC OP 027.1 Volunteer and Internship Programs</p> <p>Volunteer</p> <p>Contractors</p> <p>According to agency operating procedures and directive memos, all volunteers and contractors who may have contact with inmates are required to participate in institutional PREA training. Contractors such as chaplains, are required to participate in the same level of training as a DMWC II staff member since they have contact with inmates in inmate work and housing areas. They are required to participate in PREA training before having any contact with inmates and required to participate in annual in-service training. Volunteers and contractors with less constant contact with inmates are required to participate as well as other important components pertinent to PREA requirements. Training acknowledgement for volunteers and contractors shall be documented through signature sheets, notating that they understand the training received. VADOC policy states that part-time employees, volunteers, contract staff and other transferring employees, who are permanently transferring from one location to another shall receive PREA training. Training rosters and employee files were reviewed by the Auditor, and appropriate documentation was available.</p> <p>During the on-site visit, 25 volunteers and 7 contractors had been approved for entry at DMWC II. The Auditor randomly selected contractors' files for confirmation of PREA training and those randomly selected were easily accessible for review. All volunteer files reviewed contained confirmation of PREA training and included the Volunteer Confidentiality and Policy Agreement Training Certification. Contract and Volunteer staff were identified in the following departments: Medical, Religious Services, Commissary, and Food Service. All contract workers confirmed they initially received PREA training during pre-service and complete refresher PREA training. PREA training during pre-service and annually that is monitored for completion and documented by the DMWC II Training Specialist. Additionally, supervisory staff within these departments maintain completion of staff PREA training.</p> <p>Conclusion: Based on review of policies, training lesson plans, completion of training documentation, interviews and analysis, the Auditor determined the facility has demonstrated compliance with all the provisions required and meets this standard.</p> |
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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP - 038.3 Prison Rape Elimination Act

DMWC II Plan for Providing Inmates with Limited English Proficiency Access to Programs and Activities

Zero Tolerance Brochure

PREA Hotline Signs (English and Spanish) Preventing Sexual Abuse and Assault

Training Acknowledgement

Inmate Handbook

DMWC II Inmate Orientation Acknowledgement Forms

VADOC OP 810.1 Inmate Management Programs; Inmate Reception and Classification

PCM Interview

Intake Staff who conduct Risk Screening

Random and Targeted Inmates Interviews

The Auditor reviewed the intake procedures utilized for inmates at DMWC II. When inmates arrive at DMWC II, they are provided during the intake process, a PREA brochure which provides information about PREA and how to make a report at the facility. They also receive more comprehensive training on PREA within the first few days of the orientation training. They are afforded the opportunity to watch a video and can ask staff to address any questions. Once the inmates participate in this training, they will sign the "Preventing Sexual Abuse and Assault Training Acknowledgement" form, which is kept on file. PREA information is included in the inmate orientation handbook which also explains the grievance process and how to use that process when a PREA allegation is involved. The Auditor selected inmates' files for review and verified they signed acknowledgement forms related to PREA training materials. VADOC policy states all inmates entering the VADOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

During the DMWC II risk screening process, which is conducted by intake staff, inmates are given a PREA brochure to review, advises the inmate of their right to be free from sexual abuse and sexual harassment, and various ways to report. Prior to departing the private screening, they are asked if they understood the information provided to them in the PREA video and the Sexual Assault Awareness packet and the documentation is maintained by staff in the inmate's file.

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| | <p>DMWC II provides PREA education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, disabled, and limited reading skills. Interpreter services are available and documented when utilized per policy. An assessment of the inmate is completed by the Intake staff upon arrival to DMWC II to determine their ability to speak or understand English. Any inmate who cannot understand verbal instructions or staff notice that an inmate's knowledge is insufficient to understand what is being discussed, will have an interpreter provided as soon as possible.</p> <p>The Auditor observed PREA information to be readily available to the inmate population throughout the facility. PREA signage containing Hotline contact information and sexual abuse information was posted throughout the institution in both English and Spanish and inmates acknowledge being provided with copies of PREA pamphlet and the facility inmate handbook. Additionally, during formal and informal interviews with the inmate population, all acknowledged awareness of PREA education. The Auditor concluded the inmate population at the DMWC II has received educational information advising of the Agency's zero-tolerance, how to report allegations, rights to be free from sexual abuse and harassment, retaliation, and the facility's policies and procedures.</p> <p>Conclusion: The Auditor reviewed the facility's policies, procedures, inmate records, Inmate Handbook, Zero Tolerance Brochure, training outlines, interviewed staff and inmates to determine the facility meets the requirements of this standard.</p> |
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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP -030.4 Special Investigative Unit</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>VADOC Policy - 350.2 Training and Development</p> <p>Training Curriculum</p> <p>Investigations Matrix</p> <p>Investigator Power Point Presentation</p> <p>Training Records</p> |

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| | <p>Investigative Reports</p> <p>Interviews with Investigators</p> <p>The Auditor reviewed the agency's training curriculum utilized to train the SIU and DMWC II Investigators. The VADOC trains all SIU, institutional investigators and selects staff at facilities. DMWC II has (3) staff members who have received specialized training and there are nineteen SIU staff who have been trained to conduct sexual abuse investigations in a confinement setting.</p> <p>The SIU Agents conduct all criminal investigations in addition to all administrative investigations where criminal charges could possibly be determined. The institution Investigators and the SIU assigned for DMWC II have completed the National Institution of Corrections Training title "Conducting Sexual Abuse Investigations in a Confinement Setting" that certifies them to conduct investigations for alleged sexual abuse/harassment and certification certificates were on file. This training course fulfill the standard requirements to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act standards. Training includes the definition, history of PREA, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing, Miranda rights & Garrity rights, and managing false accusations.</p> <p>SIU Investigators are sworn law enforcement officers for VADOC and have arresting authority. They consult with the Commonwealth Attorney's office to discuss sufficient evidence to prosecute a case and the VADOC requires all investigators receive specialized training. Training records reviewed revealed each investigator received the same training offered to all VADOC employees in addition to their specialized training. The matrix confirmed PREA allegations are to be referred to the SIU and they are required to review investigations of confirmed PREA allegations, confirmed fraternization or sexual assault.</p> <p>CONCLUSION: The Auditor conducted a review of policies, procedures, training curriculum, Investigation Matrix, PowerPoint Presentations, training records, investigative reports and conducted interviews with facility investigators to determine the facility meets the requirements of this standard.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Materials, Interviews, Policies and Other Evidence Reviewed: VADOC OP- 701.1 Heath Service Administration |

VADOC OP - 720.7 Emergency Medical Equipment and Care

Staff Orientation

Training and development

Training Curriculum

Completed DMWC II Pre-Audit Questionnaire

Health Service Administrator Interviews

Behavioral Health Manager interviews

PREA Certificates

Medical and Mental Health services are provided by VADOC employees at DMWC II and there are medical and mental health practitioners who provide services at the facility. Interviews with the DMWC II Health Services Administrator and Behavior Health Administrator confirmed medical staff and mental health staff are required to complete Specialized Training for medical and mental health. They are required to provide completion certifications of the specialized training and attend "PREA Medical and Mental Care Standards" training which is developed by the National PREA Resource Center. The Behavior Health Administrator and the Mental Health Counselor deliver the training presentation annually to staff within the mental health department in addition to all new staff.

The Auditor verified each medical practitioner has been provided training regarding the requirements of this standard and the medical and mental health personnel are required to attend in-service training on an annual basis. The in-service includes a review of the agency's policies and procedures towards sexual abuse and sexual harassment and the National Institute of Corrections Specialized Medical Training. 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 or harassment.

The Auditor was informed by medical and mental health staff that they are required to report all knowledge, suspicions or information related to sexual abuse, unless the abuse occurred in a community setting. Each medical professional informed the Auditor they have been trained in how to communicate with victims while treating or assessing the victim. Medical personnel at the DMWC II do not conduct forensic examinations. Forensic examinations are performed by a SANE member at the Virginia Commonwealth University Medical Center.

Conclusion: Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance and meets all the provisions of this Standard.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 810.1 Inmate Reception and Classification</p> <p>VADOC OP - 730.2 Screening, Assessment and Classification</p> <p>VADOC OP - 810.2 Transferred Inmate Receiving and Orientation</p> <p>VADOC OP - 861.1 Inmate Discipline-Institutions</p> <p>Inmate Records Completed</p> <p>Pre-Audit Questionnaire</p> <p>Staff who conduct Risk Screening interviews</p> <p>Inmates' interviews</p> <p>During the intake process at DMWC II, all inmates are asked questions from an Intake Screening form, by a specialized staff member. The assessment is conducted using the electronic VaCORIS software system during the inmates' initial arrival at DMWC II. Institutional staff conduct a "PREA Reassessment" which is required between day (14) and (21) after the inmate's arrival and is conducted by the Case Management Counselor. The Auditor conducted formal interviews with staff that had access to the information obtained from the risk screening form utilized during the intake process and staff verified that their access to the VACORIS was limited and password protected. They stated that most staff could not see the inmate's responses on the screening assessment and that only staff authorized to review the information could access it with a username and password. The facility limits staff access in VaCORIS based upon their position at the facility and to those who perform housing, bed, work, education, and programming assignments. Correctional Officers can see an alert on the VaCORIS screen that identifies an inmate classified as HRSV or HRSA which helps to ensure officers will not make housing or work assignments that places the inmate at risk of victimization or abusiveness.</p> <p>The Auditor asked during interviews with inmates if they had been questioned about PREA within 72 hours of arriving at the facility. The inmates verified they had been assessed during the initial intake process and several stated they were asked some of the same questions during their annual assessment. Inmates that had transferred throughout the VADOC stated they were asked the same questions each time they arrived at a newly assigned facility.</p> <p>The DMWC II does not conduct a reassessment of vulnerability and aggressiveness of an inmate prior to transfer to another facility therefore it is the responsibility the receiving VADOC facility but are required to conduct an assessment upon the</p> |

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| | <p>inmate’s arrival at their facility. The Auditor verified there were 367 inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more. These inmates were reassessed for their risk of sexual victimization or of being sexually abused within 30 days after their arrival at the facility based upon any additional relevant information received since intake.</p> <p>Conclusion: Based on the Auditor review of the facility's policies, procedures, inmate records, and interviewed staff and inmates, the Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.42 Use of screening information | |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC Policy - 038.3 Prison Rape Elimination Act</p> <p>VADOC Policy - 425.4 Management of Bed and Cell Assignment</p> <p>VADOC Policy - 810.2 Transferred Inmate Receiving and Orientation</p> <p>VADOC Policy - 841.2 Inmate Work Programs</p> <p>VADOC Policy - 810.1 Inmate Reception and Classification</p> <p>VADOC Policy - 830.5 Transfers, Institution Reassignments</p> <p>High Risk of Sexual Abusiveness Log</p> <p>High Risk of Sexual Victimization Log</p> <p>Inmate Records</p> <p>Completed Pre-Audit Questionnaire (PAQ)</p> <p>VADOC OP -920.4 Interstate Transfer of Supervision</p> <p>Inmates Interviews</p> <p>PCM Interview</p> <p>Staff Interviews</p> <p>The Auditor reviewed inmate classification records and found there were no inmates who identified In the LGBTQI population. The Auditor observed that classification staff</p> |

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| | <p>utilize information obtained from the Risk Screening to assign facility housing, bed, and work assignments and ensure vulnerable inmates are protected. The counselor ensures information is entered in the VaCORIS system, so inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers. The Auditor verified that counselors conduct a risk screening of inmates during the intake process and consider an inmate's own perceptions of their safety before making classification decisions and the screening tool includes sections for the counselor to document his/her own perceptions of the inmate. The Auditor reviewed the facility's High Risk of Sexual Victimization and High Risk of Sexual Abusiveness (HRSV/HRSA) Log which confirmed the facility would separate those identified as HRSA from those identified as HRSV through normal housing assignments and documented in the VACORIS electronic record.</p> <p>The Auditor toured housing units in the facility and observed shower and restroom areas which have a partition that blocks view into the shower area. Inmates can shower, change clothes, and use the restroom without staff of the opposite gender seeing them fully naked. The transgender and intersex inmates are allowed to shower separately from other inmates during the facility's count times or when the showers are closed to the general inmate population. The facility did not house any transgender or intersex inmates during the audit cycle and at the time of the audit, DMWC II was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex inmates.</p> <p>Conclusion: The Auditor conducted a review of policies, procedures, inmate records, made observations, interviewed staff and inmates. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 425.4 Management of Bed and Cell Assignments</p> <p>VADOC OP - 810.1 Inmate Recreation and Classification</p> <p>VADOC OP - 830.5 Transfers, Institutional Reassignments</p> <p>VADOC OP - 810.2, Transferred Inmate Receiving an Orientation</p> <p>Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>HRSA/HRSV Report</p> |

Staff interviews

Inmates who have reported allegations of Sexual Abuse

Warden interview

It was noted in the PAQ that there have been zero inmates held in involuntary segregated housing in the past 12 months DMWC II. The Warden stated during his interview that they are aware of the requirements pertaining to the placement of inmates at High risk of sexual victimization in involuntary segregated housing. The facility does not use involuntary segregated housing for inmates determined to be at High risk of victimization but will consider different means to protect the individual that may include transfers and housing assignments since DMWC II does not have a segregation unit.

The Auditor conducted formal interviews with facility counselors and security shift supervisors and discussed the process of placing an inmate identified at High risk of sexual victimization in involuntary special housing. The Auditor was informed the facility does not have a restricted housing unit so the inmate would be moved to another housing unit or transferred to another facility following an incident of sexual abuse or sexual harassment. The Auditor asked each counselor what actions would take place if it was determined the inmate could not be safely housed in the facility. Each counselor stated they would recommend the inmate be transported to another facility that could safely house them.

Each counselor and supervisor were aware of the agency's VADOC Policy on how to conduct an immediate assessment and review available housing alternatives prior to placing inmates in Special Management Housing. Staff stated they are required to document the assessment on the facility's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form and the form must be forwarded to the Regional PREA/ADA Analyst. The form stipulates staff must assess all available alternatives and a determination that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing.

During the tour of the facility observations were made of inmate housing units and noted numerous areas which can house inmates to ensure those identified at high risk of sexual victimization are protected from sexual abusers without out utilizing segregated housing unit. The facility has appropriate procedures in place to ensure inmates identified at HRSV are protected from those identified as HRSA. The Auditor reviewed the facility's Inmate 'HRSV/HRSA report which 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 facility stated there had been no HRSV inmates at the facility during the past 12 months and provided supporting documentation.

Conclusion: The Auditor reviewed VADOC policies, procedures, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, Inmate Alert Report, made observations, interviewed staff and inmates. Based on the reviews, the facility has demonstrated compliance with all the provisions and meets this standard.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC Policy - 038.1, Prison Rape Elimination Act</p> <p>VADOC Policy - 801.6 Inmate and CCAP</p> <p>VADOC Policy-803.3 Inmate Hotline</p> <p>VADOC Policy - 866.1 Inmate Grievance Procedure</p> <p>Inmate Handbook</p> <p>Zero Tolerance Brochure</p> <p>Virginia Sexual and Domestic Violence Action Alliance Contract</p> <p>Investigative Records</p> <p>DMWC II Competed Pre-Audit Questionnaire (PAQ)</p> <p>Staff interviews</p> <p>Inmate interviews</p> <p>The Virginia Department of Corrections policy states facilities must provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities, which may have contributed to such incidents. Inmates at the DMWC II have numerous ways to report which include telephone Hot Line, verbally, or through written communication. During interviews with both inmates and staff, it was clear that these options are well publicized. The main method of reporting conveyed to inmates is to dial #55 on the inmate phone in any housing unit. This reporting option prompts the caller to either leave a message or they have the option to speak with an advocate from the Action Alliance Group.</p> <p>The inmate grievance procedure is one way in which inmates can privately report sexual abuse and sexual harassment, retaliation by other inmates, retaliation from staff for reporting sexual abuse and sexual harassment, and/or any staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of their sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance and they will not be charged for filing a grievance regarding sexual abuse</p> |

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| | <p>or sexual harassment unless it is determined that it was filed in bad faith.</p> <p>The facility allows inmates to privately report sexual abuse to a private entity that is not part of the agency through written communications, third party, or phone services. The private entity will immediately forward allegations of sexual abuse and sexual harassment to the facility for investigation and the entity allows inmates to remain anonymous upon their request. The agency provides this reporting avenue to inmates through a contract with the Virginia Sexual and Domestic Violence Action Alliance. The facility requires staff to promptly document verbal reports on an Internal Incident report form with PREA noted in the description field. The facility also requires staff accept any report of sexual abuse and sexual harassment that an inmate makes as an informal complaint, request form, or through the inmate grievance procedure. Staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the facility Warden and facility PREA Compliance Manager.</p> <p>The Auditor discussed disciplining an inmate who has submitted an emergency grievance alleging sexual abuse in bad faith and staff stated they must have evidence the inmate submitted an allegation in bad faith. The Auditor was informed the facility must obtain approval from the Regional PREA/ADA Analyst prior to initiating a disciplinary charge on an inmate for this type of infraction.</p> <p>The Regional PREA/ADA Analyst informed the Auditor that they review details of the allegation and investigative findings to ensure there is sufficient evidence to prove the inmate submitted the allegation in bad faith and if deemed a bad faith allegation, the Regional Analyst will authorize the disciplinary charge. DMWC II has not had any disciplinary actions against an inmate for false allegations.</p> <p>Conclusion: The Auditor reviewed the agency's policies, procedures, Inmate Handbook, grievances, investigative records, and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>DMWC II Completed Pre-Audit Questionnaire (PAQ)</p> <p>Inmate Handbook</p> <p>Inmate Rules and Regulations Handbook</p> <p>Orientation Manual</p> |

Completed DMWC II Pre-Audit Questionnaire

VADOC OP 866.1 Inmate Grievance Process

VADOCOP 038.3 Prison Rape Elimination Act

Observations

Institution Investigator interview

PCM interview

Inmate interviews

Memos

Random interviews with inmates identified they are aware of the grievance process and that they are authorized to utilize the process to report a PREA allegation to include an emergency grievance that will be investigated. The grievance procedures are outlined in the inmate Orientation handbook and grievance forms can be obtained from the housing unit officers and unit team. All allegations of sexual abuse/sexual harassment when received by staff, will immediately be referred for investigation. Inmates are authorized to utilize the Administrative Remedy system to report allegations of sexual abuse or sexual harassment. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision and there is no time frame for filing a grievance relating to sexual abuse or sexual harassment.

VADOC policy addresses the filing of emergency administrative remedy requests and the process. If an inmate files an emergency grievance and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates in assisting inmates in filing grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. The facility requires as a condition of processing, the requestor and the alleged victim agree to have the request filed on their behalf and requires the alleged victim to personally pursue any subsequent steps in the process. If the inmate declines to have the request processed on their behalf, the facility is required to document the decision.

The agency's VADOC policy allows inmates 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. There were no grievances filed involving PREA related issues during the past 12 months at DMWC II and no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance and inmates are to be held accountable for

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| | <p>manipulative behavior and false allegations.</p> <p>The Auditor conducted formal interviews with inmates and asked them to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse at the facility. Most inmates asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism and where they could file a grievance to report sexual abuse anonymously. None of the inmates interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.</p> <p>Conclusion: Based on the review of policies, staff and inmate interviews and analysis, the Auditor determined the facility has demonstrated compliance with all the provisions and meets this standard.</p> |
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| 115.53 | Inmate access to outside confidential support services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC Policy - 038.3 Prison Rape Elimination Act</p> <p>Zero Tolerance Brochure</p> <p>Virginia Sexual and Domestic Violence Action Alliance MOU</p> <p>Inmate Orientation Handbook</p> <p>Staff Interviews</p> <p>Investigator Interviews</p> <p>Inmate Interviews</p> <p>VADOC Operating Procedure 038.3 states the facility maintains a MOU with a community service provider who can provide inmates with access to free confidential emotional support services related to sexual abuse and a copy of this agreement is available from the PREA/ADA Supervisor. Inmates should 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 utilize the Sexual Abuse Hotline (#55), Option *2. The facility will 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. The facility will enable reasonable communication between inmates and these organizations in as</p> |

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| | <p>confidential a manner as possible. The Auditor reviewed the facility MOU with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) which stipulates they agree to provide a Hotline with contact information, Social Services Victim advocates, investigations, and may also include follow-up visits or communications.</p> <p>Upon Inmates arrival at DMWC II, inmate receive an inmate handbook that informs them on how to contact Confidential support services through the VSDV Action Alliance and each inmate signs a Preventing Sexual Abuse and Assault Training Acknowledgement form after being provided the written information and PREA education. The Auditor reviewed the Preventing Sexual Abuse and Assault Training Acknowledgement forms of randomly selected inmate files and each inmate had signed and documented appropriately.</p> <p>Conclusion: Based on reviews of documentation, interviews, and observations, it is determined the facility meets the requirements of this standard.</p> |
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| 115.54 | Third-party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC Policy - 038.3 Prison Elimination Act</p> <p>Agency Website</p> <p>Third Party Reporting Form</p> <p>VADOC OP 866.1 Inmate Grievance Procedure</p> <p>Inmate Handbook</p> <p>Investigative Records</p> <p>Facility Posters</p> <p>Staff Interviews</p> <p>Inmates Interviews</p> <p>VADOC Operating Procedure 038.3 states the agency has three methods established and published for reporting sexual abuse. The first is a confidential reporting hotline with a toll-free number, 1-855-602-7001. The second is a “Third Party Reporting</p> |

Form” which can be found on the agency’s website in English and Spanish. The last is an email address for reporting, PREAGrievance@vadoc.virginia.gov. This information can be found at <https://vadoc.virginia.gov/inmate-resources/prison-rape-eliminationact>. Contact information on how to report sexual abuse and sexual harassment on behalf of an inmate is provided on the VADOC public web site. The policy requires the agency/facility to establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. All allegations of sexual abuse and sexual harassment to include those from third-party and anonymous sources, are reported directly to designated facility investigators.

The Auditor conducted a review of the facility's Inmate Handbook which is provided during the intake process at DMWC II. It includes a section titled, "Prison Rape Elimination Act." This section of the handbook includes information informing inmates that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline number provided (#55) and anyone on their behalf at the facility or in the community can report. They are also provided with the agency's Zero Tolerance pamphlet upon arrival which informs inmates they may ask a family member or friend to report an allegation on their behalf.

Conclusion: Compliance was determined by the Auditor through observation of Notification posters, inmate handouts, VADOC web site, and interviews. The Auditor determined the facility meets the requirements of this standard.

| 115.61 | Staff and agency reporting duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP 038.1 Reporting Serious or Unusual Incidents</p> <p>VADOC OP 038.3 Prison Rape Elimination Act</p> <p>VADOC OP 720.2 Medical Screenings, Classification, and Levels of Care</p> <p>VADOC OP 801.6 Inmate Services Investigative Records</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Interviews Staff</p> <p>Inmate interviews</p> |

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| | <p>VADOC requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required by policy not to discuss the allegation with anyone else unless those staff are investigating, making security decisions, or providing services to the inmate victim. During staff interviews, the Auditor determined staff were clear they should report any suspicions they have regarding sexual abuse or sexual harassment of an inmate. Additionally, the medical and mental health providers were able to discuss the limits of their confidentiality and that they would advise the inmate of their confidentiality limits at the beginning of any medical or mental session.</p> <p>The Auditor reviewed the facility training curriculum for staff, volunteers, and contractors. The training included reporting of sexual abuse and sexual harassment allegations and each staff member is required to read the facility's policies and sign receipt of attendance. The Auditor verified through training record review of staff, contractors, and volunteers, that they had received training and reviewed the policies on how to report serious or unusual information related to PREA policy. The VADOC policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator who will notify the PREA/ADA Analyst of the allegation.</p> <p>These policies are outlined in Operating Procedure 038.3, Prison Rape Elimination Act (PREA). The policy states that staff, volunteers, and contractors must immediately report to their supervisor, or OIC, any knowledge or suspicion of sexual abuse or sexual harassment and if applicable, an incident report will be submitted. Apart from reporting to designated supervisors or officials, staff must not relay any information related to a sexual abuse report to anyone other than to the extent necessary as specified in operating procedures that include medical treatment, investigation, and other security and management decisions.</p> <p>Conclusion: It was determined through review of policies and interviews with PREA compliance manager, medical, mental health practitioners and DMWC II investigator, that the facility meets the provisions for the standard.</p> |
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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Operating Procedure 038.1 Reporting Serious or Unusual Incidents</p> <p>Operating Procedure 830.6 Inmate Keep Separate Management</p> |

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| | <p>Operating Procedure 730.2 Mental Health Services: Screening, Assessment and Classification, Internal Incident Reports</p> <p>Investigative Records</p> <p>Interviews Staff</p> <p>Inmate interviews</p> <p>VADOC policies require that when staff learn an inmate is subject to substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. Staff interviewed at DMWC II were knowledgeable of their duties and responsibilities if they were aware of an inmate being subject to substantial risk. Staff were able to articulate the steps they would take, and actions taken to protect the inmate, including separating the inmates and alerting appropriate staff.</p> <p>Staff interviewed by the Auditor were able to answer questions correctly regarding what immediate action they would take if they learned an inmate was at imminent risk of sexual abuse. Higher level staff interviewed by the Auditor were knowledgeable of the options available to protect inmates if these circumstances were to arise at their facility. These options include relocating the inmate to a different housing unit or transferring the inmate to another facility. These actions would be determined on a case-by-case basis and with the best interest of the inmate in mind.</p> <p>The facility requires Medical and Mental Health Professionals immediately consult with the Warden or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined the inmate is subject to a substantial risk. If medical staff determine during an assessment that an inmate is at risk of imminent sexual abuse or is considered at risk of sexual victimization, they will collaborate closely with the Warden and unit team staff to provide alternative housing placement.</p> <p>Conclusion:</p> <p>The Auditor reviewed the facility policy, procedures, investigative records, conducted interviews with staff and inmates, made observations and determined DMWC II meets the requirements of this standard.</p> |
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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Operating Procedure 030.4 Special Investigative Unit</p> |

Operating Procedure 038.3 Prison Rape Elimination Act

Interviews Investigators

Case manager interview

Warden Interview

Memos

DMWC II reported there were no allegations received during the audit period that indicated an inmate had allegedly been sexually abused while confined at another facility. The facility reported there were no notifications received from another facility that a former DMWC II inmate alleged sexual abuse while incarcerated at the DMWC II. If there are allegations, notifications would be made by Warden within the 72-hour specified time frame and documented appropriately. VADOC policies require the facility Warden ensure an investigation is initiated when an inmate reports sexual abuse that occurred at another facility. Upon receiving any such allegations, the Warden shall notify the Warden of the facility where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation.

The Auditor conducted interviews with DMWC II staff and asked what actions they would take if an inmate alleged to have been sexually abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an 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 and was informed the facility investigator would immediately be notified.

The Auditor interviewed the facility's Warden who explained their responsibility if they receive a notification involving another facility. The Warden stated that notifications would be made to the affected facility once DMWC II receives an allegation that an inmate alleges suffering sexual abuse at another facility. The Warden stated he would place a telephone call followed by an email to the Warden at the facility involved in the allegation to complete the notification process. When asked when the notification would occur, the Warden stated it would be made within 72 hours of receiving the information but would make the notification as soon as received. The Auditor asked the Warden to explain what takes place when a notification from another facility is received that a former DMWC II inmate has alleged suffering sexual abuse while incarcerated at DMWC II. The Warden stated they would ensure the DMWC II facility investigator is notified, and an investigation would immediately be conducted.

Conclusion:

Compliance with this standard was verified by reviewing policy, interviews with investigators, PREA compliance manager, and intake screening staff. The Auditor determined that DMWC II meets the requirements for this standard.

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| 115.64 | Staff first responder duties |
| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 1118 376">Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p data-bbox="256 412 1011 448">Operating Procedure 030.4 Special Investigative Unit</p> <p data-bbox="256 483 1038 519">Operating Procedure 038.3 Prison Rape Elimination Act</p> <p data-bbox="256 555 1043 591">Operating Procedure 075.1 Emergency Operations Plan</p> <p data-bbox="256 627 580 663">First Responder Duties</p> <p data-bbox="256 698 751 734">Sexual Assault Response Checklist</p> <p data-bbox="256 770 560 806">Investigative Reports</p> <p data-bbox="256 842 740 878">Completed Pre-Audit Report (PAQ)</p> <p data-bbox="256 913 549 949">Interviews with Staff</p> <p data-bbox="256 985 841 1021">Interviews with Security First Responders</p> <p data-bbox="256 1057 908 1093">Interviews with Non-Security First Responders</p> <p data-bbox="256 1128 549 1164">PREA Response Plan</p> <p data-bbox="256 1200 1474 1568">VADOC policy and standards provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment at the facility. First responder-non-security staff, volunteers, or contractors should maintain control of the inmate and immediately notify correctional or administrative staff. First Responder correctional staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible. The requirements of the first security staff member to respond to the scene of a sexual assault are outlined in DMWC II Assault Response Checklist and in DMWC II Management Plan.</p> <p data-bbox="256 1603 1485 2060">The Auditor reviewed the facility's training records and verified staff training was documented. The Auditor reviewed training records of staff, contractors and volunteers and verified they had received training to appropriately respond to incidents of sexual abuse. The Auditor conducted formal interviews with non-security first responders and medical staff referencing training received by the facility to respond to incidents of sexual abuse. Non security staff understood their responsibility to protect the inmate and preserve the evidence. The medical staff stated they would attempt to preserve any evidence while treating the victim and present physical evidence to the investigator. The Auditor determined the facility has appropriately trained staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed as part of this onsite audit visit were all well versed in</p> |

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| | <p>their responsibilities as a First Responder to an allegation of sexual abuse or sexual harassment.</p> <p>Conclusion: The Auditor reviewed agency policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, investigative reports, interviewed staff and determined the facility meets the requirements of this standard.</p> |
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| 115.65 | Coordinated response |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP 075.1 Emergency Operations Plan</p> <p>VADOC Sexual Assault Response Check List</p> <p>DMWC II Coordinated Response Plan</p> <p>MOU's</p> <p>VADOC OP 038.3 Prison Rape Elimination Act</p> <p>Interviews with Staff and Inmates</p> <p>The VADOC requires each facility develop a written plan, Coordinated Response 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. A Sexual Assault Response Checklist has been created which supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident. DMWC II Coordinated Response Plan includes actions required of the following personnel:</p> <ol style="list-style-type: none"> 1. Staff, Volunteer, and Contractor Responsibilities 2. First Responder (Security/Non-Security) 3. Watch Commander 4. Medical Response 5. Investigator 6. Mental Health 7. PREA Compliance Manager 6. Administrative Response |

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| | <p>The Auditor conducted interviews with staff listed in the agency's Coordinated Response Plan and 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 DMWC II 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, volunteers and contractors have been appropriately trained in their responsibilities to respond to an allegation of sexual abuse. The Auditor verified that all facility personnel, volunteers, and contractors had received the training. The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. This plan was approved and finalized by the PREA Unit February 2, 2024.</p> <p>Conclusion:</p> <p>The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and has trained their personnel to follow the plan. Based on a review of the facility's policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and inmates, the Auditor determined that DMWC II meets the requirements of this standard.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Code of Virginia 40.1.57.2</p> <p>Memorandums</p> <p>Investigative Records</p> <p>Interviews with Staff</p> <p>Analysis/Reasoning: Code of Virginia</p> <p>Interviews with Staff</p> <p>Virginia Code 40.1-57.2 stipulates, "No state, county, municipal, 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</p> |

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| | <p>any matter relating to them or their employment or service."</p> <p>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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There were no allegations of sexual abuse against a staff member alleged during the previous 12 months at DMWC II.</p> <p>Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf.</p> <p>Conclusion:</p> <p>The Auditor concluded the VADOC has not entered into any collective bargaining agreement that would restrict its ability to remove staff sexual abusers from contact with inmates. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP 038.3 Prison Rape Elimination Act</p> <p>Pre-Audit Questionnaire</p> <p>VADOC OP 135.2 Rules of Conduct Governing Employee Relationships with Inmates and Probationers/Parolees</p> <p>Investigative Records</p> <p>Retaliation Monitoring Log</p> <p>Interviews with Staff and Inmates</p> <p>The facility has several protection and reporting measures for inmates to utilize to prevent retaliation. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is a form for documenting retaliation. The monitoring log requires the investigator to document the action in a specified column after making a status check on the inmate and the retaliation monitor documents any specific actions or comments in the comments section on the monitoring log.</p> <p>Staff interviews indicate the Intel staff Sergeants monitor retaliation for up to 90 days and retaliation may be monitored beyond 90 days, if warranted. If a staff member</p> |

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| | <p>was involved, the staff member would be separated from the inmate and may receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, they would be kept separate from one another. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility. There have not been any cases at DMWC II during the previous (12) months which required monitoring.</p> <p>Conclusion:</p> <p>The Auditor determined the facility has appropriate policies and practices in place to ensure staff and inmates are protected from retaliation. The Auditor reviewed the VADOC policies, procedures, retaliation monitoring log, conducted interviews with staff and inmates and determined the facility meets the requirements of this standard.</p> |
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| 115.68 | Post-allegation protective custody |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP-038.3 Prison Rape Elimination Act</p> <p>VADOC OP-425.4 Management of Bed and Cell Assignments</p> <p>VADOC OP-830.5 Transfers, Facility Reassignments</p> <p>Completed Pre-Audit Questionnaire (PAQ)</p> <p>Sexual Abuse/Sexual Harassment Available Alternatives Assessment</p> <p>Investigative Records</p> <p>Housing Records</p> <p>Interviews with Staff</p> <p>Interviews with Inmates</p> <p>Observations</p> <p>Memos</p> <p>The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. There were no</p> |

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| | <p>instances where protective custody or restrictive housing was used at this facility. DMWC II does not have single cells used for segregation or a Restrictive Housing Unit. The Auditor reviewed the facility's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form which includes the allowable considerations for Protective custody. DMWC II would consider inmate housing unit reassignments or transfers to other facilities to facilitate safety measures.</p> <p>None of the inmates interviewed by the Auditor had been placed in Restrictive Housing for their protection from sexual abuse at DMWC II and the facility does not have a Restrictive Housing unit. The agency has the option to transfer inmates from the facility if the inmate cannot be housed safely in the facility.</p> <p>Conclusion: Compliance was confirmed by review of policy, interview with case manager supervisor and PREA compliance manager, Regional PREA Analyst, documentation review and observations. The Auditor determined the facility meets compliance for this standard.</p> |
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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP- 030.4 Special Investigative Unit</p> <p>VADOC OP- 038.3 Prison Rape Elimination Act</p> <p>OP 038.1 Reporting Serious or Unusual Incidents</p> <p>Memos</p> <p>Training Requirements</p> <p>SIU Specialized Training</p> <p>Virginia Investigation Specialized Training</p> <p>Investigation Matrix</p> <p>Interviews with Staff and Inmates</p> <p>The Virginia Department of Corrections conducts administrative and criminal investigations in its facilities. VADOC Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. VADOC requires its investigators to receive specialized training to conduct sexual abuse investigations in confinement facilities. Operating Procedure 038.1 (Reporting Serious or Unusual</p> |

Incidents) and Operating Procedure 030.4 (Special Investigative Unit) provides guidance for investigation of all allegations of sexual abuse or sexual harassment. An administrative or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment. The initial investigation will begin immediately by correctional staff, (PCM or investigator), to ensure preservation of physical and/or circumstantial evidence. In accordance with Operational Policy 030.4 SIU and Regional PREA Analyst will be notified immediately.

Investigations of sexual abuse and sexual harassment would be initiated at DMWC II and conducted for all allegations. These investigations are conducted promptly, thoroughly, and objectively. If the DMWC II Investigator determines that there may be a criminal element to the allegation of sexual abuse, they will forward the case to the State SIU investigator who are sworn law enforcement officers with arrest powers.

Credibility assessments are conducted as part of the investigation process with the institutional investigators and the SIU agents, and the assessments are conducted on all involved parties in the investigation.

The Auditor conducted a formal interview with a facility investigator and discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim to include interviewing the perpetrator and all witnesses, including staff witnesses. The Investigator stated they review criminal records, Request forms, institutional history, grievances, Incident Reports, disciplinary history, surveillance footage, telephone logs, previous complaints, and any other relevant information. The investigator advised that they determine the credibility of a victim, abuser or witnesses based on review of documents, information, surveillance footage, phone logs, and statements made during the interviews. The Investigator stated they attempt to determine if staff actions or failure to act may have contributed to an incident of sexual abuse. The facility Investigator stated they initiate an investigation as soon as notified and if unavailable, the SIU investigator conducts investigations in their absence.

All information related to investigations is forwarded to the Regional PREA/ADA Analyst for data compiling. Electronic data is securely maintained on Servers accessible to the investigators and the PREA/ADA Analysts by using a unique username and password.

The Auditor asked each Investigator and the Regional PREA/ADA Analyst how long they maintain investigative records and was informed the data is maintained for a minimum of 5 years after the abuser has either been released or staff member 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 and the investigator advised they would not be.

If the inmate is released or transferred from the facility, the investigations will continue until the investigation has a final determination. If the SIU agent determines that the case is substantiated and there is enough evidence to make a criminal case, the agent will present the case to the prosecutor who will make the determination whether they move it forward in the criminal court system. Investigative staff will

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| | <p>impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All written reports of administrative and criminal investigations will be maintained for as long as the alleged abuser is incarcerated or employed by VADOC, plus an additional five years. The departure of an alleged abuser or victim from the employment or control of VADOC does not provide a basis for terminating an investigation.</p> <p>The DMWC II facility investigators and SIU investigator have received special training in sexual abuse investigations. The training includes directives to facilitate investigations that will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility staff will cooperate fully with all outside investigative authorities and when required, will gather, and preserve physical and DNA evidence consistent with evidence gathering processing procedures outlined in Intelligence Procedures dialogue.</p> <p>Conclusion:</p> <p>The review of policy, investigators credentials and interview with DMWC II investigators, SIU investigators and Warden, confirmed the facility meets requirements for this standard.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC Policy - 135.2 Rules of Conduct Governing Employee Relationships with Inmates</p> <p>Completed DMWC II Pre-Audit Questionnaire</p> <p>VADOC Policy - 861.1 Inmate Discipline</p> <p>VADOC OP- 038.3 Prison Rape Elimination Act</p> <p>Interview with Investigator</p> <p>Memo</p> <p>Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Inmates and Operating Procedure 861.1 both state that a preponderance of the evidence shall be used for determining the outcome of sexual abuse and sexual harassment investigations.</p> |

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| | <p>Investigator training programs provide in-depth clarification of this standard. A review of training curricula and certifications revealed Investigators are trained in using a preponderance to support their determination of the outcome and the Auditor was able to determine that Investigators understand preponderance as the basis for determining investigative outcomes.</p> <p>The Auditor conducted a formal interview with the facility's Sexual Abuse Investigator and was informed that the agency's VADOC Policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. During the interviews with the institutional investigator and the agent from SIU, both were able to discuss this level of evidence for PREA cases.</p> <p>Conclusion:</p> <p>The Auditor reviewed the facility's policies, procedures, and interviewed facility Investigators and determined the facility meets the requirements of this standard.</p> |
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| 115.73 | Reporting to inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP- 030.4 Special Investigative Unit</p> <p>VADOC OP - 038.3 Prison Rape Elimination Act</p> <p>Investigative Records</p> <p>Interviews Staff</p> <p>Investigator interview</p> <p>Memo</p> <p>PCM interview</p> <p>The Auditor interviewed the PCM who stated they inform inmate victims of the investigative outcome at the conclusion of an investigation. The Auditor asked the investigator who notifies the inmate following an indictment or criminal charges placed against an inmate or staff member and the Investigator stated that information would be provided by the SIU to the PCM and Warden. The PCM would make the notification following a determination and the inmate victim will be asked to sign and date as verification that they did receive the notification. The PCM will also sign and date the document. The Auditor asked the investigator how notifications to</p> |

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| | <p>inmates are processed by the facility and they stated that notifications are documented on an Institutional letter head to the inmate and processed as legal mail.</p> <p>When allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the Facility learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation was completed by an outside agency.</p> <p>When an inmate’s allegation that he has been sexually abused by another inmate, the facility subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there were no administrative/ criminal investigations completed during the past 12 months. A review of a sample investigation file revealed that there was documentation that the inmate had been notified in writing as to the outcome of the investigation. The Auditor concluded that the investigator understands their responsibilities and requirement to verify the case outcome. The facility has appropriate procedures in place to notify inmates of investigative results at the conclusion of an investigation.</p> <p>Conclusion: The Auditor reviewed the agency VADOC Policy, procedures, investigative records, interviewed staff and inmates to determine the facility meets the requirements of this standard.</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Training Records</p> <p>VADOC OP-135.1 Standards of Conduct</p> <p>VADOC OP -135.2 Rules of Conduct Governing Employee Relationships with Inmates</p> <p>Investigative Records</p> <p>Memo</p> <p>Completed Pre-Audit Report (PAQ)</p> |

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| | <p>Interviews with Staff</p> <p>Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Inmates, states that termination is the presumptive action for those employees that are found to have a substantiated case of sexual abuse against them. These cases will be referred for criminal prosecution and will be reported to any relevant licensing bodies. Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff and take into consideration the nature of the acts committed.</p> <p>The Auditor observed the agency's VADOC Policy which included a provision to notify law enforcement agencies of criminal violations of sexual abuse. The VADOC Policy also requires the PREA coordinator notify relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies with the PREA/ADA Analyst and was informed that the Statewide PREA coordinator would contact the Virginia Department of Health Professionals Board of Nursing of violation by a nurse and the Department of Health Professionals would be contacted for any licensed mental health professional. The Auditor discussed the requirement for the facility to notify law enforcement and Statewide PC will notify relevant licensing bodies. Executive staff understand their responsibilities following a criminal act of sexual abuse.</p> <p>The Auditor determined the facility has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The facility makes termination the presumptive discipline measure for engaging in acts of sexual violence. The facility reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. During the audit period, there were no staff members removed from service due to incidents related to sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>The Auditor reviewed the facility's policies, procedures, investigative records, and conducted interviews with staff. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Materials, Interviews, Policies and Other Evidence Reviewed: |

VADOC Policy - 027.1 Volunteer and Internship Program

VADOC Policy - 135.2 Rules of Conduct Governing Employees Relationships with Inmates

Investigative Record

Training Records

Inmates- Brochure

Interviews Contractors

Volunteer interviews

Staff interviews

VADOC policy mandates that contractors and volunteers who engage in sexual abuse are prohibited from contact with inmates. It also requires the PREA Coordinator notify law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal in nature. DMWC II will take appropriate remedial measures and considers prohibiting further contact with inmates for violations of other agency sexual abuse or sexual harassment policies.

Disciplinary sanctions for volunteers or contractors are like those of disciplinary sanctions for staff members. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the facility will take measures to prevent future contact from the volunteer or contractor with any inmate within the VADOC system. This is defined in Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Inmates.

Volunteers and contractors 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 attend training classes and signs a form of receipt for the completed training. The facility provides each volunteer and contractor "A Guide to Maintaining Appropriate Boundaries with Inmates or CCAP Probationers/ Parolees" brochure during their orientation which defines the stipulations and requirements. 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.

The Auditor verified through documented training records that volunteer and contracted staff at the facility had received training and reviewed the policies. The DMWC II command staff are aware of the requirement to notify the SIU following a contractor or volunteer's participation in a criminal act of sexual abuse involving an inmate. During this audit period, there were no contractors or volunteers that were removed from positions because of violations of sexual abuse or sexual harassment.

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| | <p>Conclusion: The Auditor reviewed the facility's policies, procedures, training records, training curriculum and conducted formal interviews with staff, volunteers, and contractors to determine the facility meets the requirements of this standard.</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 861.1 Inmate Discipline</p> <p>VADOC OP - 820.2 Inmate Reentry Planning</p> <p>VADOC OP - 830.3 Good Time Awards</p> <p>VADOC OP - 038.3 Prison Rape Elimination Act</p> <p>Inmate Records</p> <p>Interview with Investigator</p> <p>Interviews with Medical</p> <p>Interview with Mental Health</p> <p>Interviews with Inmates</p> <p>The VADOC has zero tolerance for inmate-on-inmate sexual harassment, assault, or abuse. Operating Procedure 038.3 states that consensual sexual activity among inmates is prohibited and if an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action. If an inmate reports sexual abuse and the report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, they will not be charged for reporting if it is determined to be Unfounded. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.</p> <p>The facility reported there were no inmates disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. The Auditor reviewed the records of inmates and did not discover any evidence an inmate had been disciplined for making an allegation of sexual abuse. Prior to placing disciplinary charges against an inmate for filing an allegation made in bad faith, the facility is required to submit the information to the PREA/ADA Analyst for review and approval. Facility personnel</p> |

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| | <p>ensure the VADOC Policy is applied when choosing whether to discipline an inmate for reporting or participating in an act of sexual abuse.</p> <p>Conclusion:</p> <p>The Auditor reviewed the facility's policies, procedures, inmate records, interviewed staff and inmates and determined the facility meets the requirements of this standard.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP-730.2 Mental Health Services: Screening, Assessment and Classification</p> <p>VADOC OP-425.4 Management of Bed and Cell Assignments</p> <p>VADOC OP-701.3 Health Records</p> <p>Classification</p> <p>DMWC II Risk Assessment</p> <p>Inmate Records</p> <p>HRSV/HRSA roster</p> <p>Memo</p> <p>Mental Health Appraisals</p> <p>Interviews Medical Staff & Mental Health Staff</p> <p>Staff Interviews</p> <p>Inmate interviews</p> <p>VADOC policy requires staff to offer the inmate a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any inmate who informs staff they previously experienced sexual victimization or perpetrated an act of sexual abuse. The policy applies to any inmate who reported the abuse occurred in an institutional setting or in the community. A Mental Health staff member informs each inmate of relevant treatment and programming options. The policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and staff deemed necessary to provide services. These services may include treatment</p> |

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| | <p>plans, security and management decisions, housing assignments, and program assignments or as otherwise required by Federal, State, or local law. It also requires medical and mental health staff to obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting unless the inmate is under the age of 18.</p> <p>Interviews with DMWC II mental health and medical administrator verified they provide a seamless system for the treatment of inmates with a history of victimization. Both medical and mental health staff indicated information is shared immediately after inmates enter VADOC custody, during screening upon arrival at DMWC II, and after any referral from staff. The mental health staff provide a follow-up meeting and develop a treatment plan as needed with the inmate. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization.</p> <p>Conclusion: The Auditor reviewed the facility's policies, procedures, inmate records, Mental Health Appraisals, conducted interviews with staff, interviewed medical/ mental health staff and inmate interviews. The Auditor concluded DMWC II meets the requirements of this standard.</p> |
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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP- 075.1 Emergency Operations Plan</p> <p>VADOC OP-720.7 Emergency Medical Equipment and Care</p> <p>Investigative Records</p> <p>Memo</p> <p>OP-730.2 Mental Health Services: Screening, Assessment and Classification</p> <p>Sexual Assault Response Checklist</p> <p>MOU with the Virginia Sexual Domestic Violence Action Alliance</p> <p>DMWC II Completed Pre-Audit Questionnaire</p> <p>Interviews with Staff and Inmates</p> <p>VADOC requires inmate victims of sexual abuse to receive timely, unimpeded access</p> |

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| | <p>to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioner’s judgment. The security staff first responders are responsible for immediately notifying the appropriate medical and mental health practitioners in case of an incident. Where medically appropriate, the facility will ensure victims are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services will be 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.</p> <p>DMWC II utilizes the Virginia Commonwealth University Medical Center to provide emergency care of inmates following a sexual assault and the Action Alliance provides staff that are available 24/7 as required to provide emotional support services. DMWC II Security staff is required to immediately notify the appropriate medical and mental health practitioner and the facility does maintain 24-hour medical coverage but does not conduct forensic exams.</p> <p>The Auditor reviewed the MOU with the Virginia Sexual and Domestic Violence Action Alliance which 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. They also agree to provide accompaniment services during forensic examinations and investigation. The Auditor conducted a telephone interview with a victim advocate from the Virginia Sexual and Domestic Violence Action Alliance. The Auditor discussed the MOU with the victim advocate who explained the crisis intervention services offered services to inmate victims of sexual abuse in a clear and concise manner. The Auditor determined the facility provides inmates access to timely and unimpeded access to emergency medical services and provides inmate victims sexually transmitted infections prophylaxis.</p> <p>Conclusion: Based on review of Policy, interviews with medical and mental health staff, Action Alliance staff, SANE, and first responders, the Auditor determined DMWC II meets the requirements of this standard.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP-730.2 Mental Health Services: Screening, Assessment and Classification</p> |

VADOC OP-720.7 Emergency Medical Equipment and Care

VADOC OP-720.4 Co-payment for Healthcare Services

DMWC II MOU

Memo

Inmate Records

VADOC OP-720.1. Access to Health Services

Interviews Medical & Mental Health Practitioners

Staff interviews

SANE interviews

VADOC policy states that 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 practitioner's judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. Inmates are offered mental health and medical services, forensic and sexual assault exams, to be conducted by a qualified professional.

The Auditor interviewed the mental health practitioner concerning what services are offered to victims of sexual abuse and was informed that counseling sessions, referrals if appropriate and follow-up services are provided. The mental health practitioner also creates treatment plans and follow-up treatment plans. The Auditor provided documentation that concluded services offered at DMWC II are consistent with community level services and verified through interviews. The mental health practitioner understands their responsibility to conduct the evaluation within 60 days of learning of the abuse and stated the assessment would be conducted much sooner.

Conclusion: The Auditor reviewed policies, procedures, inmate records, interviewed inmates, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Materials, Interviews, Policies and Other Evidence Reviewed:

VADOC OP-038.3 OP Prison Rape Elimination Act

PREA Report of Incident Review

Interviews with Staff

Pre-Audit Questionnaire

VADOC OP 038.1 Reporting Serious and Unusual Incidents

VADOC policy requires the review team to include the team's findings and recommendations for improvement. The incident review team is required to submit the report to the PREA/ADA 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.

DMWC II did not have any sexual abuse incidents reviews conducted during the previous (12) months prior to the onsite visit. The PCM was able to discuss the process for a review should the facility need to conduct any. Sexual abuse incident reviews are part of the investigation process. Once an investigation has been completed and an outcome is determined, the SIU indicates their investigation has been completed and post their findings. If applicable, an incident review of the process and system is scheduled. Once a criminal and /or administrative investigation has been completed and a determination of substantiated or unsubstantiated sexual abuse and/or substantiated sexual harassment, the facility will conduct an incident review within 14 calendar days. The department has developed the PREA Report of Incident Review form to be utilized during this review process. It contains questions with all the appropriate samplings to determine if a case was managed appropriately. If there are any problems that are identified, this committee typically consisting of the Warden, AW, Investigator, Medical & Mental Health, and PCM, will identify the problem and determine the appropriate corrective action. This review is required to be held within (15) days of the conclusion of the case and VADOC completes an incident review within 14 calendar days of completion of the investigation.

The Auditor conducted interviews with an Incident Review team member. The staff member stated that the team follows a formatted document to ensure all elements of Standard 115.86 are considered and they discuss recommendations for improvement and include those recommendations in the final report. The Auditor was informed the team meets within 14 days of the conclusion of the investigation and various other departmental supervisors such as recreation, maintenance, food service, educational, religious services, etc., attend the meeting when deemed necessary.

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| | <p>Conclusion:</p> <p>Review of facility Incident Review forms and interviews with the Warden’s designee, PREA coordinator, Incident Review team member, Regional PREA Analyst, and DMWC II PREA compliance manager, confirmed compliance with this standard.</p> |
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| 115.87 | Data collection |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP-OP 038.3 Prison Rape Elimination Act</p> <p>Agency Website</p> <p>Annual Reports</p> <p>Interviews with Staff</p> <p>The Auditor reviewed the VADOC website and verified the Agency maintains annual reports that include its findings and corrective actions for all VADOC facilities. The Auditor reviewed the DMWC II’s 2021 and 2022 Annual Reports published on the Virginia Department of Corrections website. Each report includes data aggregated from January 1st through December 31st. The data collected included: Inmate-on-inmate nonconsensual sexual acts; Inmate-on-inmate abusive sexual acts; Inmate-on-inmate sexual harassment; Staff-on-inmate sexual victimization, and Staff sexual misconduct. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to being published on the agency's website.</p> <p>Information can be accessed referencing the agency's reports on the website through the "Inmates" 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, each annual PREA Report or individual facility PREA Report can be reviewed. A review of the facility’s annual reports reveals the agency’s attempts to discover problem areas within each agency facility based on a review of data collected and any corrective actions taken by VADOC.</p> <p>Conclusion:</p> <p>Compliance was determined by review of Annual Reports, review of Survey of Sexual Violence, and interviews with regional PREA analyst. The Auditor determined the facility exceeds the requirements of this standard.</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP- 038.3 Prison Rape Elimination Act</p> <p>Agency Website</p> <p>Annual Reports</p> <p>Interviews with Staff</p> <p>VADOC policy mandates that each facility collects and aggregate data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The facility annual report will include a comparison of the current year’s data and corrective actions with those from prior years and must provide an assessment of the VADOC’s progress in addressing sexual abuse. The report must be approved by the Statewide PREA Coordinator and the VADOC Director before being made readily available to the public through the VADOC Public website. Specific material may be redacted from the reports when publication of the material would present a clear and specific threat to the safety and security of a facility or staff. If material is redacted, the report must indicate the nature of the redacted material.</p> <p>The Auditor reviewed the VADOC website and verified the agency maintains annual reports that include its findings and corrective actions for all agency facilities. The public can access the agency's reports through the "Inmates" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. Each report is accessible through the "PREA Reports Page" link and each annual PREA Report or individual facility PREA Audit Report can be reviewed. The agency's website includes annual reports published from 2014 through 2023.</p> <p>A review of the facility's annual reports revealed the agency is committed to discovering problem areas within each agency facility based on a review of data collected. The agency's annual report includes any corrective actions taken by VADOC. 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 for the Western, Central and Eastern Regions and includes a pie graph comparison of the entire agency’s data. In addition to the pie graph charts, each institution includes the number of allegations for the top three facilities in each region.</p> <p>The Auditor interviewed the PREA/ADA Analyst about the annual reporting process</p> |

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| | <p>and verified that 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 and when the incident review team recommends. Any corrective actions taken are documented in the agency's annual report. The Director of the Virginia Department of Corrections approves the agency's annual report before publishing on the agency's website and the VADOC Director and Regional PREA Coordinator sign the annual report.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's policies, procedures, website, annual reports and interviewed staff to determine the facility meets the requirements of this standard.</p> |
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| 115.89 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>VADOC OP - 038.3 Prison Rape Elimination Act</p> <p>Interviews with Staff</p> <p>Observations</p> <p>VADOC website</p> <p>The Auditor conducted an interview with the PREA Compliance Manager and PREA/ADA Analyst. The PCM is responsible for reporting institutional data to the PREA/ADA Analyst and any facility data gathered by the PCM is maintained in a secured area. It was noted that any data reported to the agency's PREA Hotline coordinator is maintained by the coordinator in a secured area at VADOC Main Office. Information for the agency's annual report is compiled from investigative files, incident reviews, and other supporting documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access the data.</p> <p>During the review by the Auditor of the agency's website, the site was found to include the yearly sexual abuse data in their annual report with data collected from 2014 through 2023. There were no personal identifiers included in any of the agency annual reports reviewed by the Auditor. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Hotline coordinator for a minimum</p> |

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| | <p>of 10 years after collection. A username and password are required to gain access to the secure electronic file.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the facility meets the requirements of this standard.</p> |
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| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Interviews with Staff</p> <p>Prior PREA audit report</p> <p>Facility Tour</p> <p>Inmate interviews</p> <p>The Auditor received confirmation of the PREA Notice posting in inmate housing units, program areas and work assignment areas via photos date stamped six weeks in advance of the on-site visit. During the Auditor interviews with inmates, they confirmed observation of the PREA Notice postings throughout the institution which verified the procedure to submit confidential correspondence to the Auditor. During interviews with mailroom staff, it was documented that inmates were allowed to “forward confidential correspondence” to the Auditor in the same manner as mail addressed to legal counselor. The Auditor did not receive any letters from the inmate population and did not receive any correspondence from staff.</p> <p>Their website identifies PREA audit reports posted for all facilities during the past audit cycle. The Auditor also reviewed contract facilities’ website and confirmed timely submitted PREA reports within the audit cycles. The Auditor was provided extensive files prior to the on-site audit, for review to support a determination of compliance with PREA standards. During the on-site visit, pre-audit and post audit phases, the Auditor reviewed and received sufficient document sampling based on the size of the facility which included staff/inmate training records, inmate risk screenings, background investigations, review of housing unit logbooks, program information and other pertinent documentation.</p> <p>The Auditor interviewed the required number of staff and inmates based on the PRC recommendation of facility population size and demographics. All individuals</p> |

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| | <p>interviewed were knowledgeable regarding PREA requirements and protocol. The Auditor was given access to all documentation requested and was afforded the opportunity to tour and visit all areas at DMWC II. Interviews with supervisory staff, non-supervisory staff, upper management staff and inmates, were conducted on-site within an office that ensured privacy.</p> <p>Conclusion:</p> <p>The Auditor concluded that DMWC II meets the requirements of this standard.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Materials, Interviews, Policies and Other Evidence Reviewed:</p> <p>Agency Website</p> <p>Prior PREA Audit Reports</p> <p>The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports at (vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/). The reports are easily accessible through a "drop-down" menu on the "Inmates" 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.</p> <p>Conclusion: The Auditor determined DMWC II meets the requirements of this standard.</p> |

| Appendix: Provision Findings | | |
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| 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 | yes |

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| | 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.) | |
| 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 | yes |

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| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | 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.) | na |
| 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 |

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| 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.) | na |
| | 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 | na |

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| | facility does not have female inmates.) | |
| 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? | no |
| | 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 | |
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| | 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 | yes |

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | 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 | yes |

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| | 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? | |
| | 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 |

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| 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 | |

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| | 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 |

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| | 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.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | yes |

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| | Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | |
| | 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 | yes |

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| | suspicious 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.) | |
| 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 | yes |

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| | screening instrument? | |
| 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) | yes |

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| | Whether the inmate is detained solely for civil immigration purposes? | |
| 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 | yes |

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| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 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 | yes |

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| | present management or security problems? | |
| 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 | yes |

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| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 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.) | na |
| | 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.) | na |
| | 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.) | na |
| 115.43 (c) | Protective Custody | |

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| | 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 | yes |

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| | anonymous upon request? | |
| | 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. | yes |
| 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 | yes |

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| | this standard.) | |
| | 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 | |

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| | 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, | na |

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| | 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.) | |
| | 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 | yes |

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| | abuse or sexual harassment or retaliation? | |
| 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 |

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| 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 | yes |

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| | response to an incident of sexual abuse? | |
| 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 | yes |

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| | 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? | |
| | 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 | yes |

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| | 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).) | |
| | 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 |

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| | 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 |

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| 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 | yes |

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| | 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? | |
| 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 |

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| | 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 | yes |

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| | evidence sufficient to substantiate the allegation? | |
| 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 | yes |

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| | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | |
| 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 | |

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| | 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 |

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| 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 |

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| 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 | yes |

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| | 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? | |
| 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 | |

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| | 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.) | yes |
| | 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.) | na |
| 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 | Audit contents and findings | |

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| | 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 |