

PREA Facility Audit Report: Final

Name of Facility: Haynesville Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/18/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Jack Fitzgerald

Date of Signature: 04/18/2025

AUDITOR INFORMATION

Auditor name: Fitzgerald, Jack

Email: jffitzgerald@snet.net

Start Date of On-Site Audit: 03/10/2025

End Date of On-Site Audit: 03/12/2025

FACILITY INFORMATION

Facility name: Haynesville Correctional Center

Facility physical address: 421 Barnfield Road , Haynesville , Virginia - 22472

Facility mailing address:

Primary Contact

Name:	Rose Brown
Email Address:	rose.brown@vadoc.virginia.gov
Telephone Number:	8043333577

Warden/Jail Administrator/Sheriff/Director	
Name:	Tony Darden
Email Address:	tony.darden@vadoc.virginia.gov
Telephone Number:	8043333577

Facility PREA Compliance Manager	
Name:	Rose Brown
Email Address:	rose.brown@VAdoc.virginia.gov
Telephone Number:	(804)250-4120

Facility Health Service Administrator On-site	
Name:	Brenda Lewis
Email Address:	brenda.lewis@vadoc.virginia.gov
Telephone Number:	8043333577

Facility Characteristics	
Designed facility capacity:	953
Current population of facility:	881
Average daily population for the past 12 months:	884
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	21-60
Facility security levels/inmate custody levels:	2
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	254
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	24

AGENCY INFORMATION	
Name of agency:	Virginia Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	6900 Atmore Drive, Richmond, Virginia - 23225
Mailing Address:	P.O. Box 26963, Richmond, Virginia - 23261
Telephone number:	8046743000

Agency Chief Executive Officer Information:
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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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-10
2. End date of the onsite portion of the audit:	2025-03-12

Outreach

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:	<p>The Auditor had phone interviews with local and regional Rape Crisis Agencies, spoke with an LGBTI support agency and with representatives of local and regional hospitals. The Auditor also completed internet searches about the facility and reviewed various state websites for information on SAFE/SANE services, payments for forensic exams and the training for Rape Crisis advocates. The Auditor also researched the interpretive services used by the facility. In question 5, the auditor did not get to interview the individual who corresponded with him, as the letter was received after the site visit. The Auditor did provide a response to the inmate.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	953
15. Average daily population for the past 12 months:	884
16. Number of inmate/resident/detainee housing units:	14

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	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	895
19. 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:	5
20. 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
21. 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:	1
22. 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:	1

23. 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:	24
24. 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:	10
25. 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:	2
26. 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:	0
27. 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:	1
28. 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:	0
29. 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):	The Auditor did find other inmates who had a past history of abuse outside an institutional setting. He was not able to find an individual with significant cognitive challenges.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. 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:	254
31. 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:	24
32. 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:	5
33. 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:	The auditor spoke informally with staff and contractors during the tour periods. The contracted staff included numerous individuals who were retired from the corrections profession.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
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35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	After the Identification of the target population, the Auditor used a random number sequence on each of the housing units not represented by the targeted population and then began to use the number on previously identified units until a sufficient number of residents were identified.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15

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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	4
41. 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:	0
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 1317 1469 1480"> <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. </div> <div data-bbox="815 1525 1469 1608"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
41. 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).	The facility denied any individuals with significant cognitive or functional disabilities. Spoke with PCM and other leadership on the identification process.

42. 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:	1
43. 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:	1
44. 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:	3
45. 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:	3
46. 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:	2
47. 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:	0

<p>47. 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>47. 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>The allegations of sexual abuse made in the past year were anonymous in all but one case. The individual in the identified case was no longer at Haynesville CC. The other alleged victims did not identify themselves, making interviews impossible.</p>
<p>48. 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>1</p>
<p>49. 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>49. 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>

49. 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).	The Auditor spoke with individuals in the restrictive housing unit and the protective custody unit, in addition to the staff working the units, to confirm that victims of sexual abuse or those determined to be at risk of sexual assault are not held in these units.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	13
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

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.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

14

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Officer
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. 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

63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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.	
70. 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
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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.	

72. 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	9	0	9	0
Staff-on-inmate sexual abuse	3	1	3	1
Total	12	1	12	1

73. 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	63	0	63	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	65	0	65	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.

74. 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	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	8	1
Staff-on-inmate sexual abuse	0	1	1	0
Total	0	1	9	1

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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	62	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	62	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

3

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	7
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

2

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The Auditor met with the Intel Unit and reached out to speak with the SIU agent on one pending criminal investigation. The number differentials were caused by cases that were determined not to meet the definition of Sexual Abuse or Sexual Harassment. The facility determined that these cases are non-PREA.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. 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

96. 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

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

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: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 038.3 Prison Rape Elimination Act (PREA)</p> <p>OP 135.2 Rules of Conduct Governing Employees' Relationships with Offenders</p> <p>PREA Coordinator and PREA Analyst job descriptions</p> <p>Agency-wide organization chart</p> <p>DOC Intranet – PREA Information Page</p> <p>DOC PREA Compliance Managers list</p> <p>Haynesville Correctional Center Facility Management Chart</p>

Job descriptions

DOC List of PREA Compliance Managers

Memo on PREA Compliance Managers

Zero Tolerance posters/ notifications

Individuals interviewed/ observations.

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interviews with the PREA Analyst

Interview with the Director of DOC

Interview with Warden

Interview with Staff

Interview with Inmates

Tour Observations

Summary determination.

Indicator (a). The Virginia Department of Correction has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. The policy OP 038.3 Prison Rape Elimination Act (PREA) was written to address the various requirements of the standards. The 21-page policy sets forth a zero-tolerance expectation for any sexual abuse or harassment at the agency's facilities. The policy states, "The DOC has a Zero Tolerance Policy that strictly prohibits staff, contractor, volunteer, and intern fraternization and sexual misconduct with inmates and probationers/parolees, or between inmates and CCAP probationers/parolees. The DOC actively works to prevent, detect, report, and respond to any violation." The policy goes on pages to describe prohibited behaviors. The policy sets forth agency and facility administrators' requirements to ensure PREA compliance. Pages 7-11 cover different aspects of the Virginia DOC prevention efforts. Pages 12-13 of OP 038.3 cover the detection efforts, while pages 14-15 cover responding to issues of sexual harassment or sexual abuse. Policy OP 135.2, Rules of Conduct Governing Employees' Relationships with Inmates, further states the Virginia DOC's zero-tolerance position toward sexual misconduct.

The facility staff at Haynesville Correctional Center showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind inmates and staff

of the zero-tolerance expectation. Random inmates reported an environment free from sexual abuse.

Indicator (b). Haynesville Correctional Center is one of 41 Adult Correctional facilities run by the Virginia Department of Corrections. PREA policy OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Coordinator (pages 3) and states the PREA/ADA Supervisor will serve in this capacity. The policy defines the PREA Coordinator's "authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act (PREA) National Standards in all DOC facilities." Supporting documents show the PREA Coordinator's assignment to the role within the agency administrative chart. The PREA Coordinator is supported by a staff of 3 PREA Analysts who cover three regions and field statewide calls from the PREA hotline.

Interviews with the PREA Coordinator (PREA/ADA Supervisor) confirm she has sufficient time and access to key correctional administrators, including the Director of the Department of Corrections, to influence policy and resources to ensure PREA-safe environments in the Virginia DOC system. The PREA Analyst working for the PREA Coordinator ensures that facilities maintain compliance through regular monitoring visits and provides technical assistance and training when needed. The PREA Coordinator's immediate Supervisor is the agency's former PREA Coordinator, who works for the Chief of Correctional Operations.

The PREA Coordinator has a PREA Analyst who works with the facilities on ongoing compliance. She also has ADA analysts who can aid in the identification of individuals who may need support to ensure PREA comprehension due to medical or cognitive issues. The PREA Analyst was present throughout the Audit and provided additional information when needed. The facility provided the agency flow chart and the job descriptions of the PREA Coordinator and the PREA Analyst. The Virginia DOC Director did confirm the PREA Coordinator has access to the agency's senior leadership and the ability to influence policy to ensure further compliance.

Indicator (c) The OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Compliance Manager (page 3). The policy requires the Warden to assign an individual to coordinate the facility's efforts to comply with PREA. The Policy states the responsibility within the facility to coordinate the facility's efforts to prevent, detect, and respond to allegations of sexual misconduct. The Auditor was provided a facility flow chart showing the relationship between the PREA Compliance Manager role and the Haynesville Correctional Center's leadership. Supporting documentation also includes a memo from the state's original PREA Coordinator defining the roles and expectations of a PREA Compliance Manager. Interviews with the PREA Coordinator, PREA Analyst, and Warden confirm the PREA Compliance Manager has sufficient access to key correctional administrators, including the Warden to influence policy and resources to ensure PREA safe environment at Haynesville Correctional Center. As the Institutions Operations Manager, she has daily duties that allow her to monitor and review how the facility manages PREA concerns, including ensuring

	<p>individuals with PREA conflicting scores are kept apart in the institution. The PCM works Directly for the Warden according to the agency flow chart provided. The Warden confirmed that any compliance issues identified by the PCM would be dealt with swiftly. The PCM works closely with the Assistant Warden and the Directors of Housing and Programming on resolving grievances and disciplinary hearings. The PCM also works with the Regional PREA Analyst to ensure ongoing compliance.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has policies that define the steps taken to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The policy OP 038.3 Prison Rape Elimination Act (PREA) and OP 135.2 Rules of Conduct Governing Employees' Relationships with Inmates define the Zero Tolerance expectation. The policies explain the roles of the state PREA Coordinator and the facility PREA Compliance Manager and prohibited behaviors for all staff, volunteers, contractors, and inmates. Interviews with the Agency PREA Coordinator and Haynesville Correctional Center PREA Compliance Manager confirm their roles in maintaining PREA compliance. Both individuals believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support inmate safety. This was confirmed with the Warden and the Director of the Department of Corrections for Virginia DOC.</p> <p>Interviews with the DOC Director and the Warden support compliance with all standard expectations. Policies reviewed by the Auditor in completing the audit process not only described in depth the agency's expectation to protect, detect, and respond to sexual misconduct but also clearly defined the roles of the state PREA Coordinator and the facility's PREA Compliance Manager. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct. Inmates, in formal interviews and spoken with during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where inmates support violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained compliment who is aware of their duties in promoting a sexually safe environment. The last element in supporting compliance is the observed relationship between the central office PREA staff and the facility leadership. It was clear that the individuals have regular contact and discussions on PREA and individual inmates. Compliance is based on the above factors, policies, and various interviews supporting a zero-tolerance culture. The Auditor also considered the facility staff and Inmate interviews supporting sufficient training and resources to respond to an incident of sexual misconduct.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard

	<div data-bbox="256 118 542 152" data-label="Section-Header"><p>Auditor Discussion</p></div> <div data-bbox="256 194 1319 1305" data-label="Text"><p>Policies and written/electronic documentation reviewed.</p><p>Haynesville Correctional Center Pre-Audit Questionnaire</p><p>OP 038.3 Prison Rape Elimination Act (PREA)</p><p>OP 260.1 Procurement of Goods</p><p>VA DOC Website</p><p>VA Contract with the GEO Group</p><p>GEO Group Website</p><p>PREA reports for Lawrenceville</p><p>Announcement of the return of Lawrenceville to VADOC</p><p>Monthly and Quaterly Monitoring of Lawrenceville during the GEO Contract</p><p>Individuals interviewed/ observations.</p><p>Interview with PREA Coordinator (PC)</p><p>Interview with Contract oversight staff</p><p>Summary Determination</p></div> <div data-bbox="256 1415 1479 2078" data-label="Text"><p>Indicator a) The pre-audit report indicated the Department of Corrections had one contracted facility in the past three years. The Auditor was provided documentation of the 1500-bed contracted facility in Lawrenceville, Virginia. The Virginia Department of Corrections addresses the requirements of this indicator in two policies. The agency's PREA policy OP 038.3- PREA states, "contract for the confinement of DOC Inmates must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards." Policy OP 260.1- Procurement of Goods states, "All contracts for the confinement of DOC Inmates must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.". It defines the guidelines for emergency contracting of a facility that is not compliant with PREA. "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented." The Auditor was provided with several documents, including contracts with the GEO Group and annual renewals</p></div>
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	<p>of the contract. The Lawrenceville facility was turned over to the Department of Correction on August 1, 2024. The Element will be marked as Not Applicable, given that the facility was no longer under contract in the current audit year (8-20-24 to 8-19-25)</p> <p>Indicator b) The Auditor found language in the two policies mentioned in indicator a). The policies state, "Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards." The Auditor learned from the GEO website and documents provided that the facility in Lawrenceville has been under contract since 2003. The Auditor also reviewed The Virginia Department of Corrections website, which shows the facility in Lawrenceville has undergone three PREA audits (2016, 2019, 2022). The most recent PREA Audit of Lawrenceville Correctional Center occurred in August of 2022. At the time, the Virginia Department of Corrections had a Private Prison Liaison who routinely monitored the prison, and the inmates could report concerns to the PREA Office through the same process as other VADOC facilities. Memos and documentation support monitoring had occurred before the facility was turned over to the DOC.</p> <p>Compliance Determination:</p> <p>The Auditor reviewed agency policies, contracts, and contract renewals with the GEO Group. Agency contracts and renewals for the confinement of VA DOC Inmates included this standard's requirements and required agency personnel monitoring. The Auditor determined the Virginia Department of Corrections was meeting the requirements of this standard based on the documents reviewed in the OAS and on the GEO Group and Virginia DOC websites. As noted, the elements have been marked as not applicable as the facility is under the control of the Virginia Department of Corrections in the current audit year.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 401.1 The Development and Maintenance of Post Orders</p> <p>OP 401.2 Security Staffing</p>

OP 401.3 Administrative Duty Coverage

Staff Duty Rosters

Haynesville Correctional Center Staffing plan

Annual Review information from PREA office staff

Haynesville CC Informational Guide

Logs and Video stills of Supervisor Tours

Individuals interviewed/ observations.

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Warden.

Interview with Staff

Interviews with Inmates

Summary Determination

Indicator a). Virginia Department of Correction Policy 401.2 Security Staffing (page 8) covers the language of this indicator. The policy uses the standard language to describe the development requirements and ongoing reviews of staffing needs at Virginia's Department of Corrections facilities. The policy language includes the 11 elements listed in indicator a). The Policy is confidential for security purposes and will not be directly quoted here.

The Haynesville Correctional Center has provided a copy of the facility's current staffing plan for 2024. The facility has provided documents supporting this standard's elements, including the narrative, schematics, and camera locations. The facility is well-covered with rapid-eye cameras and PTZ zoom cameras. The facility is not reportedly under any legal judgment or has been sighted by any state or federal oversight body. The Auditor made some suggestions on improving the documentation to add more information on support positions such as correctional case managers, mental health professionals, and the Unit Managers who routinely move through the units and provide additional support to custody staff. The document shows the current vacancies in the facility and the efforts to realign assignments to ensure coverage minimums are met. The document provided to the Auditor and observations on the tour showed where monitoring technology aids in inmate supervision. During the tour, the management staff were aware of potential blind spots and described procedures in place to mitigate risk. The staffing plan is based on 953 inmate beds,

but the facility runs at a 12-month average of 867 inmates. On day one of the audit, the population was 895. The facility is primarily open-dorm housing with an individual-celled restrictive housing unit and a protective custody unit. The facility only double bunks the perimeter of the dorm to allow good lines of sight. Multiple staff supervises the housing pods from direct supervision and overwatch positions in sub-control rooms. Officers can easily see across the unit, and the overwatch position allows for additional sets of eyes and to be able to call for assistance when an officer is dealing with a concern. Staff offices are located just off the units, providing additional eyes and ears to monitor interactions between inmates and staff. The facility's population is generally medium custody. The facility information booklet describes dozens personal improvement, work, educational, and vocational trainings inmates can participate in in preparation for going home. The educational program provides, in addition to Adult Basic Education and GED courses, inmates can take college programming. Inmates ask to attend various programs, which will be reviewed by the classification teams responsible for ensuring individuals with potential conflicts are not housed together or in the same programs simultaneously. As a level 2 facility, some individuals score as high risk for sexual aggression. Individuals with past charges of sexual crimes in the outside community have worked their way down to placement in a facility of this level by having positive behaviors in the institution.

Like many correctional facilities, staffing has been a concern, but the department actively recruits individuals. When callouts occur, decisions are made on post assignments, which may result in reduced programming activities. The agency continues to pursue more staff. The Warden had to go to a regional job fair on day one of the audit. The Auditor did get to speak to a class of about 20 new staff members during day two, who were completing their onboarding training. The facility strives to meet the American Correctional Standards related to vacancies. The facility has hired 60 new staff in the past year. The facility's current staffing total is reportedly 254.

Indicator b). An interview with the Warden confirms the Haynesville Correctional Center has not gone under its approved minimal staffing in the past year. The facility can 'draft' overtime work from either voluntary or mandated staff to reach institutional minimums. There is a daily log for each shift documenting when staff call out and who is replacing them. The Warden gets a report daily on the amount of overtime drafted daily, and the Warden, Assistant Warden, or Major would be notified of any emergency where minimums would not be met. The Warden also confirms the ability to order in staff if needed. Supervisory staff also confirmed the ability to draft trained non-security staff if needed to man critical posts to maintain facility safety. The Residents' support line staff are available, and Supervisory staff also come through the units during the shift. Residents in this environment report they feel safe from sexual misconduct. The facility tracks all adjustments to the schedule, no matter the reason. The most common reasons for schedule adjustments were routine time off, staff callouts, and training.

Indicator c). The 2024 annual review of the staffing plan was completed by the PREA Coordinator for the Virginia Department of Corrections. The report included information on staffing needs, adjustments made to the staffing plan, and identified areas for monitoring technology to improve institutional safety. The Warden and senior staff developed the report at the facility level, with input from the regional PREA office analyst. The Warden met with The Assistant Warden, the Chief of Security, the OSS and, the PREA Compliance Manager. The report noted there were 50 vacancies at the time of the review in Jan 2024. The report described the reduction in the population of the institution and provided a thorough description of the inmate population characteristics, including high-risk individuals for sexual abuse and sexual victimization. The report described the allocation of cameras in the facility. The Agency PREA Coordinator, who was onsite, confirmed the information presented in the documentation. The facility has a limited number of Sexual Abuse allegations as reflected in the files provided and the Auditor's review of the agency's annual report. The facility reportedly makes adjustments, including limiting some out-of-unit activities to maintain proper supervision. The design is such that the Assistant Warden, shift commander, and intel office have offices close to the population with camera monitors and direct views of the compound. These offices, along with the Warden and Assistant Warden, have access to the camera system.

Indicator d). Virginia DOC policy OP 401.1 Development and Maintenance of Post Orders addresses the concerns of this indicator. The Policy states, "Post Orders will require that Lieutenants and above conduct and document unannounced rounds, identify and deter staff sexual abuse and sexual harassment." "Unannounced rounds must be conducted intermittently during the month and must be conducted on both night and day shifts." The policy also goes on to state, "Staff assigned to any post are prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment." Policy OP 401.3 requires the documentation of the rounds. "Conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month and can be scheduled as part of the 24-hour clock." The Virginia Department of Corrections has creative PREA Log Books in which staff record opposite-gender announcements and unannounced supervisory rounds. The log books are in every housing unit. The Auditor was provided copies of documentation of unannounced rounds from different locations in the institution, including housing units and other locations in the facility, in advance. The facility had provided documentation in the OAS in advance of these tours over the last year. The auditor selected random dates during the audit to review supervisory rounds and video evidence, consistent with the logbooks. The information was uploaded to the OAS as requested. The Auditor also confirmed the unannounced rounds through visual observation of logs in housing units in the prison during the tour. The Auditor interviewed housing officers, control officers, and supervisory staff to confirm that tours are unannounced. The Auditor was able to speak with Sergeants and Lieutenants about how they routinely move around the buildings. Inmates also

	<p>confirmed they have access to supervisors if they have a concern. The Auditor saw inmates interacting with the management team during the tour. These observations and inmate interviews support the idea that senior leadership is visible and available to residents.</p> <p>Compliance Determination:</p> <p>The Auditor determined the Haynesville Correctional Center meets the requirements of this standard. The Auditor concluded the facility has an adequate staffing plan to protect inmates from sexual abuse. The Auditor reviewed VA DOC policies that applied, the facility's Staffing Plan, Unannounced Rounds, Duty Rosters, and the annual staffing plan review. The Auditor confirmed practice through observations on the tour and interviews conducted with staff and inmates. The Auditor's interviews with the Warden, PREA Compliance Manager, PREA Analyst, and PREA Coordinator confirmed a process is in place to communicate when an identified need is recognized. The staffing plan assessment identified needs. Compliance is based on the management's understanding of the standard's expectation, the resident's confirmation on staff access, and the auditor's review of policy, logbooks, and electronic documentation provided and reviewed.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 425.4 Management of Cell and Bed Assignment</p> <p>Memo from Warden</p> <p>Population report with ages</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Random staff</p> <p>Observation of Population on Tour</p>

	<p>Summary Determination</p> <p>Indicator a) No Youthful inmates are housed at Haynesville Correctional Center.</p> <p>Indicator b) No Youthful Inmates are housed at Haynesville Correctional Center.</p> <p>Indicator c) No Youthful Inmates are housed at Haynesville Correctional Center.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has a policy OP 425.4 Management of Cell and Bed Assignments that addresses the requirements of this standard. Though Youthful Inmates do not exist at Haynesville Correctional Center, the agency has policy language defining the requirements of sight and sound separation in the housing of Youthful Inmates from adult prisoners. The policy also requires any time outside housing where adult and youthful inmates may be in sight or sound of each other, and the youthful inmate is required to be under the direct supervision of staff. Without a Youthful Inmate, the Auditor could only rely on policy language to determine compliance. The Auditor reviewed the population report and observed it on the tour to ensure no youthful inmates were in the current population.</p>
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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>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 350.2 Training and Development</p> <p>OP 401.1 Development and Maintenance of Post Orders</p> <p>OP 401.2 Security Staffing</p> <p>OP 445.4 Employee, Visitor, and Inmate Searches</p> <p>OP 720.2 Medical Screening, Classification & Levels of Care</p> <p>OP 801.1 Facility Physical Plant and Sanitation</p>

Logbooks of cross-gender announcements

Search Training Materials

Memos from Warden- no cross-gender search, no female inmates, and no searches to determine genital status.

Individuals interviewed/ observations.

Interview with Warden

Interview with Random Staff

Interview with Random Inmates

Interview with Transgender Inmates

Summary Determination

Indicator a). OP Policy 445.4, the agency's search policy, sets forth the requirements for strip searches. "One Corrections Officer and one other DOC employee, both of whom are of the same gender as the inmate or CCAP probationer/parolee or of the gender indicated on the approved Strip Search Deviation Request, will accompany the inmate or CCAP probationer/parolee into an appropriate area where privacy can be ensured. No person of the opposite gender can be present or witness the strip search." The agency policy requires if there is a belief that an inmate is concealing contraband the Regional Director be notified and that a medical professional completes any probing of a body cavity. "For Institutions, the Facility Unit Head or ADO may authorize the body cavity search of an inmate any time there is a reasonable belief that the inmate might be concealing contraband within a body cavity. The Regional Administrator must approve any use of force in conducting a body cavity search of an inmate. The inmate must first be given a strip search in accordance with this operating procedure. A medical practitioner only will conduct the body cavity search and inspection in private." The policy requires a security person of the same gender to be present as the inmate. The policy goes on to state that if the Inmate is transgender or Intersex, the gender of the security staff person will be consistent with the individual-approved Strip Search Deviation Request. The Warden reports there were no incidents of cross-gender body cavity or strip searches. The Warden and PREA Compliance Manager report that all body cavity searches would be documented, including the individual present and the justification for such actions. Policy OP 445.4 also requires an incident report to document any exigent circumstance consistent with the Warden's stated expectations. There were no reported cross-gender searches or body cavity searches in the past year at Haynesville Correctional Center.

Indicator b). The Haynesville Correctional Center does not house female inmates. The Agency policy allows for Transgender individuals to request the gender of the staff person completing a frisk search. This process would be documented in the search deviation form. The VA DOC permits female security staff to conduct cross-gender pat-down searches of male inmates in emergency situations. Policy OP 445.4 ensures that female inmates in the DOC system are not prohibited from participating in programming because of a lack of same-gender staff in its female facilities. "Access to regularly available programming or other out-of-cell opportunities for female inmates and CCAP probationers/parolees must not be restricted in order to comply with the search requirements."

Indicator c). Virginia DOC policy covers the language of this indicator. The policy states in sections on frisk search, strip search, and body cavity searches that all cross-gender searches will be documented. "Female Corrections Officers will frisk search transgender and intersex inmates and probationers/parolee unless exigent circumstances or an approved Strip Search Deviation Request 810_F2 are present and documented; exceptions to this requirement should be referred to the facility Treatment Team. 3. DOC employees will not search or physically examine a transgender or intersex inmate or CCAP probationer/parolee for the sole purpose of determining the individual's genital status. If the genital status is unknown, it may be determined through a conversation with the inmate or CCAP probationer/parolee, a review of the medical record, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Any cross-gender strip search is required to be documented in an incident report consistent with OP 038.1 Reporting Serious or Unusual Incidents. There were no reported cross-gender searches at Haynesville Correctional Center, so there were no documents to review. Inmates and staff persons confirm that cross-gender searches do not occur.

Indicator d). Virginia Department of Corrections policy OP 801.1 (page 3) states, "Facility procedures and practices shall enable Inmates to shower, perform bodily functions, and change clothing without a 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." Policy OP 401.2 describes as part of the housing unit supervision the same description as stated above as well as a requirement of opposite gender staff announcements. "Staff of the opposite gender must announce their presence when entering an Inmate housing unit and must document these announcements in the logbook." The auditor confirmed through random interviews with staff and inmates the practice of making cross-gender announcements. Inmates report that they generally hear these announcements or see who works in the unit from their bunks. Toilets and Showers are on one end of each unit. Inmates confirm that female staff do not routinely enter the shower or toilet area and believe they would only do so with a warning. Each shower area has gang showers with a common drying area. During the tour, the Auditor saw a variety

of staff announcements, including announcements by the officer in the unit control office, the officer on the floor, or the female staff persons entering the space. The Auditor reviewed documentation in the OAS of PREA Logs supporting the staff announcements made on housing units. The Auditor also checked the unit logs on the tour to see where the documentation was completed. The Auditor heard from a few residents about the lack of privacy in showers. The Auditor explained that it is not a violation of the law as there is no prohibition of same-gender inmates seeing each other. Haynesville has added some privacy partitions in the bathroom facilities that did not exist three years ago. These retrofits allow for some improved privacy without affecting mechanical or ADA requirements. The Auditor noted the complaints on this topic were down significantly from the last audit. Housing Unit logs were provided from across the facility over the last year to further support the institutional practice of cross-gender announcements.

Indicator e) Two Virginia DOC policies address the requirements of this indicator. OP 720.2 and OP 445.4 require that Transgender individuals will not be strip-searched to determine their genital status. The policy requires that, if unknown, the determination be made through interviews with the inmate or as part of a physical exam conducted by a medical practitioner. "If a transgender or intersex offender's genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if necessary, by learning this information as part of a broader medical examination conducted in private." Random staff interviews confirm that the training on searches included the use of the back or edge of the hand when completing a cross-gender pat search. They were able to describe the search process, including respectful communication and awareness of potential trauma histories. Since the Haynesville Correctional Center is not normally an entry point into the VADOC system, the gender of Inmates would be known. As noted in indicator c), the department policy allows for search deviation requests for strip and pat searches. The default for pat searches with a deviation form is for female officers to complete pat searches. Transgender inmates confirmed they are allowed to request the gender of the staff by completing pat/frisk and strip searches. The Transgender inmates did not feel their searches were done to determine genital status. The Auditor reviewed case notes of current and former transgender residents, and supporting search deviation forms were completed. A copy of the completed form was provided at the auditor's request. One resident was referred to the PREA Coordinator after requesting that the auditor inquire about removing the deviation.

Indicator f). The Virginia Department of Corrections ensures all custody staff are trained in completing searches of transgender and intersex individuals in the least intrusive and respectful manner as possible. Policies OP-350.2 and OP-445.4 both speak to searching this population in a professional and respectful manner. OP.350.2 defines that all correctional officers will be trained in the completion of searches of transgender and intersex individuals as part of the training requirements. OP-445.4

	<p>further defines search procedures that are to occur. The Auditor was provided with training records and the training materials used to instruct staff in the completion of strip and pat searches. The training materials provide general information on the steps to complete a respectful search of all inmates. There is additional instructions on how to proceed if the individual identifies as transgender or intersex at admission. The training materials provide information to be considered in searches of LGBTQI inmates. It briefly describes how individuals may request a search deviation through the facility treatment team and sets forth required documentation of these incidents and notifications in the facility command structure as well as to the Regional PREA Analyst.</p> <p>Compliance Determination:</p> <p>The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross-gender searches, respectful searches of transgender individuals, and make opposite-gender announcements when entering Inmate living units. Inmate interviews confirmed the ability to shower, change clothing, and use the restroom without the nonmedical staff of the opposite gender seeing them do so. The auditor reviewed the agency's policies, procedures, and training documents, made observations during the tour, and interviewed staff and inmates to determine compliance with this standard. The auditor also spoke with and reviewed a transgender individual's records to confirm the process for individualized determination of search preferences. The auditor also reviewed the records of transgender individuals who were housed in the facility in the past year. Compliance is based on policy, observations made during the audit, documentation provided, and interviews with staff and residents supporting cross-gender searches and viewing, which do not occur. The facility has taken steps to improve residents' privacy from each other in the bathroom facilities.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – 038.3 Prison Rape Elimination Act (PREA)</p> <p>PREA Brochure in English and Spanish</p> <p>Acknowledgement forms in multiple languages</p>

Past Interpretive Service Contracts (Propio and Purple)

Contract with Homeland Languages Services

Comprehensive Education Video

Memo from Warden on Interpretive services

ADA Trained staff certifications

Tablet with the capacity to enlarge print or observe Spanish documents.

Copy of Braille Handbook

Documentation of use of interpretive services in completion of screening/ education of inmates.

Individuals interviewed/ observations made.

Inmate education acknowledgment

Interviews with Staff

Interviews with Offenders

Observations of PREA Information posted

Summary Determination

Indicator a). Haynesville Correctional Center has services in place to ensure disabled and Limited English Proficient Inmates have the appropriate understanding and access to services described in this standard. Policy OP 038.3, the PREA policy, defines disabled and limited English proficiency in the same language as the standard. The policy ensures equal access to the facility's efforts to protect, detect, and respond to incidents of sexual abuse and sexual harassment. The policy acknowledges the protections afforded under the Americans with Disabilities Act. The Policy states, "1. Staff must take appropriate steps to ensure that inmates and CCAP probationers/parolees with a disability have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a. Inmate and CCAP probationer/parolee disabilities include but are not limited to deaf or hard of hearing, blind or have low vision, and inmates and CCAP probationers/parolees with intellectual, psychiatric, or speech disabilities or limited reading skills.

b. Staff will arrange for inmates and CCAP probationers/parolees to receive training

and materials using auxiliary aids and services so that the inmate or CCAP probationer/parolee understands the information; see Operating Procedure 801.3, Managing Offenders with Disabilities. (§115.33[d],

c. Staff will provide inmates and CCAP probationers/parolees with access to interpreters who can effectively, accurately, and impartially interpret, both receptively and expressively, using any specialized vocabulary, when necessary, to ensure effective communication with inmates and CCAP probationers/parolees who are deaf or hard of hearing.

d. Staff should utilize Video Remote Interpreting (VRI) to communicate effectively with deaf inmates and CCAP probationers/parolees when American Sign Language interpreters are not available on site.

e. Staff will provide written materials in formats or through methods that ensure effective communication with inmates and CCAP probationers/parolees with disabilities, including those who have intellectual disabilities, limited reading skills, and who are blind or have low vision.

f. Staff are not required to take any action that they can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164, Nondiscrimination on the Basis of Disability in State and Local Government Services, Duties.”

Documents support the idea that key facility staff members have undergone additional training in working with ADA populations and hearing-impaired individuals. All employees are informed of the at-risk populations described in this standard. The Director of the Department of Corrections spoke on the expectations of providing full access and protection to these at-risk populations. The PREA Coordinator also oversees the agency's efforts to ensure compliance with ADA regulations. Interviews with targeted inmates and staff show that there are services in place to ensure inmates understand PREA and how to report a concern. In reports provided by the facility on ADA accommodations, the Auditor was able to see aids to impairment that have been provided. Inmates are provided with hearing and visual aids as well as special needs plans that aid in their ability to participate in all aspects of facility life. In addition to state ADA specialists, the HCC facility has staff trained in identifying and working with ADA individuals. Interviews with intake staff confirmed that individuals with cognitive challenges would be provided with the information in a one-to-one setting, allowing it to be broken down into small pieces that could be retained.

The facility and agency have ensured information is available in the most common languages: English and Spanish. The agency has the capacity to get other materials translated into other languages as needed and can provide professional interpretive services through contracts. The state's women's prison can also translate the admission and orientation materials into Braille for those with significant visual

impairments or blindness. Individuals with other physical or cognitive challenges can confirm that staff are available to help you. Intake staff confirmed that they would take additional time if needed to ensure individuals with cognitive concerns or who can not read truly understand the information provided. Inmates have received PREA education at other DOC facilities before coming to Haynesville Correctional Center. The Auditor interviewed individuals with physical disabilities, who were hearing impaired, who had visual concerns, who were Limited English Proficient, and who had cognitive or significant mental health concerns. The various individuals in each group understood the Zero Tolerance policy toward sexual abuse or harassment and how to report a concern. Using a common case management system in VACORIS, the facility can identify concerns in the inmate record that might be a barrier to understanding and addressing those concerns.

Indicator b). OP 038.3 states, "Facility staff must take reasonable steps to ensure Inmates who are limited English proficient are afforded meaningful access to all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." The facility provided a contract with an agency that can provide interpretive services in over 100 languages. A review of the Homeland Language Services website confirmed the information provided by staff. A memo on the new contract acknowledged the input from staff in improving the ability to serve LEP inmates. The Virginia DOC has a secondary contract with Purple, which can support inmates who use American Sign Language (ASL). The Auditor reviewed the documents to ensure they were current, and the facility provided records supporting that the contracts had been in place prior to the previous audit cycle. The Auditor was not able to speak to any individuals who needed ASL assistance, but did speak with inmates who were Limited English Proficient through the use of the interpretive contract. Interviews with LEP and Bilingual individuals showed a consistent implementation of the policy, including providing materials in their native language on PREA or the facility's Spanish version of the handbook. The Intake staff were aware of the need to provide information in the individual's native tongue. The facility has Spanish materials available and will use formal interpretive services if bi-lingual staff are not available to assist in educating residents. The clinical staff also confirmed they use interpretive services to communicate with inmates. Documentation was provided showing that staff had used formal interpretive services during screening/ education.

Indicator c). Random staff interviewed knew that using one inmate to interpret for another was inappropriate. Staff knew it could only be done in the most extreme situations. The agency PREA policy (OP 038.3 (page 7) states, " Facility staff cannot rely on Inmate interpreters, Inmate readers, or other types of Inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response

	<p>duties under, or the investigation of the offender’s allegations. Video Remote Interpreting (VRI) should be utilized to effectively communicate with deaf Inmates when American Sign Language interpreters are not available on-site.” The information provided in the OAS confirmed there has been no incident in which an inmate interpreter has been used to address any PREA-related concern in this Audit cycle.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has in place supports that ensure individuals with disabilities and those who are LEP have a full understanding and capacity to use the information to protect themselves from sexual abuse, sexual harassment, or retaliation, and know how to report a concern. The DOC state PREA Coordinator is also the head of the ADA compliance unit, which further ensures that PREA education and access to services for protected populations occur. This structure aids in the identification of inmates’ needs as they move between facilities.</p> <p>The Auditor was able to see the documentation in English and Spanish, the two most common languages in the Virginia DOC population. The Auditor also confirmed the use of Just Detention International’s video “PREA What you need to know,” which is used as part of inmate education and is available in multiple languages. The facility has the appropriate resources in place to provide professional translation. The Auditor also confirmed with individuals with a variety of disabilities on their ability to receive support if they did not understand PREA or the agency’s efforts. Inmates support, there is staff available to assist individuals who have hearing, emotional, or comprehension disabilities, in addition to those with language barriers. Given the policy provided, the contracts in place, the staff and inmate knowledge of accessing services, and the statewide support of the PREA/ADA Office, the Auditor finds that the standard expectations are being met.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 102.2 Recruitment Selection and Appointment</p> <p>Policy OP 102.3 Background Investigation Program</p> <p>Policy OP 102.7 Employment Records (web)</p>

Policy OP 135.1 Standards of Conduct

Policy OP 260.1 Procurement of Goods and Services

Staff employment records

Individuals interviewed/ observations made.

Interview with Human Resource Staff

Interview with Agency PREA Coordinator

Interview with Warden

Summary Determination

Indicator (a). Virginia Department of Corrections policy OP 102.2 Recruitment Selection and Appointment, pages 8-9, addresses the requirements of this indicator in the section on employee eligibility. The Policy strictly prohibits the employment or contracting of the services of individuals who have engaged in, have been convicted of engaging in, or have attempted to engage in, or have been administratively adjudicated for sexual assault. The policy states, "Eligibility

1. The DOC will not hire or promote anyone for a position that may have contact with inmates, probationers, or parolees who has been: (§115.17[a], §115.217[a])

a. 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, Civil Rights of Institutionalized Persons);

b. 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, or

c. Civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

2. The DOC must consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates (§115.17[b], §115.217[b])

3. The DOC must ask all applicants and employees who may have contact with inmates, probationers, or parolees directly about previous misconduct described in paragraph a. of this section in written applications or interviews for hiring or promotions."

The Auditor reviewed the online and went through the online application and found

these same questions are asked during the application process.

Interviews with HR staff support the process of screening all applicants for employment at the Haynesville Correctional Center, including contractors and volunteers. The Human Resources staff confirmed that online applicants would be identified and that their names would be referred to the facility. If a person is chosen for potential employment, the application is forwarded to the background investigations unit of the DOC. This unit will run a series of criminal background checks (VCIN, motor vehicle, and Fingerprint checks), investigate prior employment, and search sex offender databases. Any approved volunteer undergoes the same screening process and the same acknowledgment form.

The employee application process requires potential candidates to confirm that they have not engaged in any form of the sexual misconduct described in indicator (a), including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. The Auditor confirmed the questions were asked at both the time of hire and promotional periods. In determining compliance, the Auditor reviewed files of new hires and promotions over a two-year period. The Virginia DOC has had the PREA questions as part of the employment applications since 2014.

Indicator (b). The Virginia Department of Corrections subcontracts some of its medical and mental health services. The Virginia DOC policy prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Virginia DOC performs criminal background checks on these individuals. The Policy states, "OP 260.1 Procurement of Goods and Services utilizes the same language requirements for contracted employees. "The DOC must not enlist the services of any contractor who may have contact with inmates or probationers/parolees, who: (§115.17[a,b], §115.217[a])

i. 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 et seq. Civil Rights of Institutionalized Persons)

ii. Has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse

iii. The DOC must consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates or probationers/parolees. (§115.17[b], §115.217[b])

iv. The DOC must also perform a criminal background records check and any applicable drug test before enlisting the services of any contractor who may have contact with inmates or probationers/parolees."

The Auditor reviewed both DOC and contracted employees as part of this standards review process. The Human Resources staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Warden's attention before any offer of a position in the institution. Policy 102.2 describes in detail how prior employment checks and criminal offense histories are to be completed. As noted above, charges related to sexual offenses would preclude employment or volunteer services. The policy describes the additional considerations the investigative unit must consider if an applicant has a past criminal history. The Regional Director must approve these individuals. The Department of Corrections' prescreening process for its employees and its contractors seeks to find information on criminal offenses, and the agency does reach out to former employers for other behaviors that might have caused discipline.

Indicator (c). The Virginia Department of Corrections completes criminal background checks on all employees. The Agency policy OP102.3 Background Investigation Program covers the requirements of this standard. In discussions with the Human Resources staff and the Agency PREA Coordinator, these are consistently done as pre-employment and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Virginia law does not allow the criminal record to be maintained as part of the employee's file and reportedly requires the document to be destroyed after use. The human resources staff confirmed the process and was able to show the auditor how it was completed. The Auditor was provided with an example of criminal background documents. The Auditor, PREA Coordinator, and the Human Resources staff person discussed elements that are required to be maintained and ways to improve the documentation of the completion of the checks for future audits. The 5-year checks were documented on a spreadsheet showing all employees' screening dates. Most staff had criminal records checks run in June of 2020 in advance of the previous PREA Audit. The report states when the 5-year record check was last completed and when it is due to be completed again. The facility has undergone a large turnover since the last audit, with 133 of the 256 employees hired in the last year.

Indicator (d). As Indicator (a) states, HCC completes criminal background checks on all contracted employees and approved volunteers. Contracted staff and volunteers support the fact that they were required to pass a background check before being allowed into the facility. Documentation of the criminal records screening was provided along with the acknowledgment of their training on the responsibilities related to PREA. The facility has 18 contractors who work in the institution and who have contact with inmates. The Auditor confirmed that all current contractors and volunteers have had a criminal background check. The OAS number reflected an incorrect calculation based on the use of individuals vs contracts. The facility provided HR tracking documents of when criminal checks were completed initially, and if the contractor has been on site for more than 5 years, if it was run again.

Virginia state law prohibits storing the actual record in the individual's HR file.

Indicator (e). Discussions were held with the Human Resources staff to ensure that staff undergo criminal background checks at the time of hire and at least every 5 years thereafter. As noted in indicator c), Virginia does not allow criminal record checks (VCIN) to be maintained in its human resources file. The policy states, "The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted." The Human Resources staff confirmed the process is done and that if new charges are found, steps will be taken to notify the Warden. The Auditor requested and received additional documentation to support that the process is being completed. As noted in indicator (c), the agency has a tracking system in place in the form of a spreadsheet that records when criminal background checks have been completed on each employee and when they are due to have the screening done again if they do not apply for a promotion.

Indicator (f). As noted in Indicator (a) all HCC employees are asked to complete the Employee Application, including questions required in Indicator a). After hire, the employees also complete a form titled PREA Mandatory Sexual Misconduct Disclosure. Staff are asked the aforementioned questions and are given a continuing responsibility to disclose such misconduct. The form states, "All answers and statements are true incomplete to the best of my knowledge. By signing this form, I am acknowledging that the information provided above is accurate and complete and that I have a continuing affirmative duty to disclose any such misconduct." The Virginia DOC had all existing employees complete the form if they were employed prior to 2014. A review of random staff files supported these questions are answered. The Human Resources Officer confirmed that promotional opportunities are treated no differently than new hires, so the application process (including PREA Questions) and criminal record checks would be completed again. She also confirmed the ability to review disciplinary records of applicants from other institutions

Indicator (g). Policy OP 135.1 Standard of Conduct states "Material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall be grounds for termination." Contained also in the PREA Employee Questionnaire is the following passage: "any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination." The PREA Mandatory Sexual Misconduct Form and the employment applications reviewed in staff files confirm the process is routinely done.

	<p>Indicator (h). With proper releases of information, the Virginia DOC allows the agency to disclose any PREA-related concerns to other institutions. Interviews with human resources staff confirm that they make requests to both internal and outside employers when hiring. The Human Resources staff member understood the importance of attempting to obtain information from previous institutional employers. The auditor requested and was provided documentation of requests for work records of former HCC employees from another correctional center.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has a policy in place to address the standards' requirements, including the completion of background checks and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the HCC to oversee the hiring. The agency has all staff and contractors undergo criminal background checks. The Human Resources staff reports that she works closely with facility management to maintain the line of communication. The Virginia DOC has implemented policies and forms to document that staff have met the requirements related to the various indicators in this standard. The auditor reviewed a random selection while on-site to confirm that the practice was consistent with the policy. The Auditor also reviewed information from current and former staff and contractors.</p> <p>The Virginia DOC has several policies that utilize the standard language to address the requirements. The Auditor reviewed several other policies related to the DOC website to further understand the process and the staff's obligations. Interviews with Human Resource staff and the PREA Coordinator further confirmed the process in place to ensure individuals who have engaged in sexual misconduct are not employed at Haynesville Correctional Center or able to get a job at another correctional institution if that facility requests information. As outlined above, the auditor used several factors to determine compliance.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 801.1 Facility Physical Plant and Sanitation</p> <p>HCC Camera Positions</p> <p>HCC Camera Additions/ purchase orders</p>

Individuals interviewed/ observations made.

Interview with PREA Compliance Manager

Interview with Warden

Interview with the Major

Interview with the Chief of Housing and Programming (CHAP)

Interview with Investigators

Interview with the PREA Analyst

Observation on the tour

Summary Determination

Indicator a). The Virginia Department of Correction addresses Indicator a) in policy OP 801.1, which states, “ The effect of the facility’s design, acquisition, expansion, or modification on the facility’s ability to protect the Inmate from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility.”. The Auditor was able to discuss with the Warden, Major, CHAP, the PREA Analyst, and the PREA Compliance Manager how PREA safety concerns are addressed at both the facility level and the state level. There have been no major renovations to the physical plant since the last PREA Audit, reportedly. The Auditor was able to tour the entire complex, during which the PCM, CHAP, and the Warden pointed out camera positions and how staff are to be positioned to maintain optimum supervision. Most housing units have a direct supervision post with an overwatch post. The programming, classroom, and vocational training areas are done, for the most part, in smaller groups. Instruction areas were generally free of barriers that would impede the instructors from seeing all students. These areas have an assigned custody staff who monitor residents' movement in and out of the building and complete classroom tours. An interview with the agency director also confirmed that all capital improvement projects should consider the safety of staff and offenders. The Warden supports that during any modification, the agency should consider the lines of sight and staffing needed to protect the population and staff, and that these considerations would be considered. It should be noted that the facility had completed a retrofit of the shower areas with small privacy partitions. Though no violation existed, the Auditor had made the recommendation after the previous audit, where inmates had raised concerns about comfort. The topic was only brought up by two inmates in the audit cycle. where close to half the interviewees complained about the shower area during the previous audit.

	<p>Indicator b). The Haynesville Correctional Center has made some modifications to surveillance/ monitoring technology since the last PREA Audit. The Auditor reviewed cameras that the facility administration identified to reduce risks of assault and improve inmate supervision. OP 801.1 states, "For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect Inmates from sexual abuse." The Auditor was able to discuss technology uses in the institution with the PREA Coordinator, Investigative team, Major, and the Warden. The facility has very good camera coverage, aiding the investigative process. Many allegations in the past year were made anonymously, which required video surveillance reviews to determine the validity of claims and identify potential witnesses. The auditor was also provided with documentation of the purchase process and the work orders showing the installation of the new equipment.</p> <p>Compliance Determination:</p> <p>Virginia Department of Corrections has a system to consider inmate sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. The Director of the Department of Corrections supports the agency's consideration of how physical plant modifications and the addition of monitoring technology can improve safety in Virginia's DOC facilities. Interviews with the Warden, Assistant Warden, and Major all confirm that all critical incident reviews consider physical plant concerns, staff allotment, and how monitoring technology could have impacted the event. The Auditor considered the policy and how the identified monitoring issues have been resolved to determine compliance. The Auditor also considered the interviews with the Warden, Major, CHAP, Investigators, PREA Analyst, and PREA Compliance Manager in determining compliance. The interviews supported the idea that there are vital avenues of communication between the facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns. Further supporting compliance was the auditor's observation of how shower area modifications reduced concerns from inmates, as noted above.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – 030.1 Evidence Collection and Preservation</p>

Policy – 030.4 Special Investigations Unit

Policy – 038.3 PREA

Policy – 720.7 Emergency Medical Equipment and Care

Policy – 730.2 MHS Screening Assessment and Classification

SIU Investigation Matrix

Virginia Law 53.1 Powers of the Director

Virginia Forensic Nurse Examiner

Virginia Department of Criminal Justice Services Website

MOU with Action Alliance

Incident Reports files of Sexual Assault Investigation

IAFN Website

Virginia Sexual and Domestic Violence Action Alliance website

Individuals interviewed/ observations made.

Interview with PREA Compliance Manager

Interview with Random staff

Interview with SANE/SAFE

Interviews with Medical and Mental Health staff

Interview with Rape Crisis Agency staff

Summary Determination

Indicator a). The Virginia Department of Corrections is responsible for both criminal and Administrative Investigations. Each facility has staff trained in the completion of investigations, including sexual abuse incidents. If the initial information appears to support that a criminal act has potentially occurred, the Regional Criminal Investigator, who works out of the agency’s Special Investigation Unit (SIU), would be called. Virginia DOC policy 030.4 Special Investigation Unit on page 12 set forth the requirement that all allegations of sexual abuse be investigated. “VII. Prison Rape Elimination Act (PREA) Investigations

- A. The Organizational Unit Head will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- B. When the Organizational Unit Head receives notification from another facility that an inmate or CAP probationer/parolee was sexually abused while confined at that facility, they will ensure that the allegation is investigated in accordance with the PREA Standards
- C. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility-designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation.
- D. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment will be referred for investigation to the SIU which has
- the legal authority to conduct criminal investigations.”

The policy goes on to state that the investigation will be completed using a uniform practice.

“G. Evidence Protocol and Forensic Medical Examinations

1. SIU has an established uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
2. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.”

Policy 030.1 Evidence Collection and Preservation also defines steps to be taken by investigators to protect evidence, the chain of command, and crime scene integrity. This policy also addresses video evidence and storage. The Virginia DOC completes all criminal and administrative investigations utilizing trained staff in the facility investigative unit or SIU (Special Investigation Unit) officer who completes criminal Investigations. The SIU staff are law enforcement staff in the state of Virginia with full arrest authority. A review of state law 53.1-10 Powers of the Director includes the following passage, “To designate employees of the Department with internal investigations authority to have the same power as a sheriff or a law enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department. Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services.” Interview with the PREA Analyst and Intelligence Unit Officer confirms the training provided so all DOC investigators ensure a consistent approach to ensure the likelihood of obtaining physical evidence. Random staff were able to describe the steps to protect evidence in a first responder situation until the investigator or a SANE could properly obtain it. The Auditor also reviewed the SIU Investigation matrix which provides a visual to aid in understanding where cases move from the facility investigative team to the SIU.

Indicator b). The Special Investigation Unit Policy also addresses the requirement of this indicator. The Auditor confirmed with the Investigator, the nurse in charge of Sexual Assault Examinations at the hospital on the protocol used for Sexual Assault Examinations. The Virginia Commonwealth University Health Services is listed on the state's SANE websites for nurse training programs. The SIU Investigator would not collect evidence as part of the forensic exam but is trained in working with victims of abuse and preserving crime scene evidence. Forensic nurses will complete the forensic exams at the local hospital. The representative confirmed they use the protocols the International Association of Forensic Nursing approved. A review of the IAFN Website confirms the use of the protocol Sexual Assault Nurse Examiner Education Guidelines, Adult and Pediatric (updated 2018). The IAFN website also states, "We support the United States Department of Justice's National Training Standards for Sexual Assault Medical Forensic Examiners (updated 2018), as well as the National Protocol for Sexual Assault Medical Forensic Examinations (Adult/Adolescent) and (Pediatric)."

Indicator c). All victims of sexual abuse at Haynesville Correctional Center Could be taken to Virginia Commonwealth University Health Services in Richmond, approximately 58 miles away. An interview with hospital staff confirmed the staff will use SAFE-trained nurses to complete forensic examinations of sexual abuse victims. Consistent with DOC policy 720.7 Emergency Medical Equipment and Care (page 8), it was confirmed that there is no examination cost. "If evidentiary or medically appropriate, Inmate victims of sexual assault are referred under appropriate security provisions to an outside facility for treatment and gathering of evidence.

1. A history is taken by a health care professional who will conduct a forensic medical examination to

document the extent of physical injury. Sexual Assault will perform such examinations

Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will

be no financial cost to the Inmate victim for this examination."

The Auditor was able to see in investigative files, but none of the cases were for sexual assault that required the victim to be sent out for a forensic examination. The Nurse spoken to at the hospital also confirmed that the inmate would not be billed for services, but the cost is covered through the state's victims services fund. They confirm that if a SANE Nurse is unavailable, a senior nurse or practitioner will complete the exam. No inmates in the past year were seen in a medical hospital for an exam for potential sexual abuse.

Indicator d). Haynesville Correctional Center has access to rape crisis agency staff through a Memorandum of Understanding with Action Alliance. The Virginia Department of Corrections has had an ongoing relationship with Action Alliance dating back to 2014. Action Alliance is the umbrella organization for state domestic and sexual abuse agencies. The Auditor was provided the original agreement and all subsequent renewals for services. In interviews with Action Alliance staff, the Auditor was able to confirm the relationship between the agencies. The PREA Compliance Manager confirmed that no individuals were taking advantage of any supportive counseling from an outside provider. She confirmed the ability of victims to have professional visitation from a Rape Crisis Provider. Inmates were aware of the ability to access Mental Health Services at the facility.

Indicator e). Haynesville Correctional Center has two policies addressing this indicator's requirements OP 038.3 PREA (page 13) and 730.2 MHS Screening and Assessment (page 8). Interviews with SANE nurses, the Action Alliance representative, and the facility PREA Compliance Manager confirm the ability to support the inmate during an exam, a criminal investigation interview, or to provide ongoing support to victims. An interview with the Investigator confirms that a rape crisis support advocate would be offered to inmates. The Auditor also found the description of services in the MOU between VA-DOC and Action Alliance confirming supporting inmates at forensic exams or investigative interviews. The representative of Action Alliance confirmed that supportive counseling would include a referral if the inmate was leaving Haynesville Correctional Center to another part of the state.

Indicator f). The indicator is NA. Virginia Department of Corrections and Haynesville Correctional Center have trained individuals who would be responsible for completing criminal and administrative investigations. The facility has trained investigators who can complete both criminal and administrative investigations. The Facility Investigation Unit will initially assess the event and gather any physical evidence. These staff are trained in the completion of investigations in the facility, including sexual abuse allegations. The state's Special Investigative Unit will take over all criminal cases of sexual abuse allegations and have full capacity to pursue the case into the community if key individuals leave custody or employment.

Indicator g). The Auditor is not required to audit this provision

Indicator h). The indicator is NA. The Virginia Department of Corrections has entered into an MOU with Action Alliance to provide support to victims of sexual misconduct at Haynesville Correctional Center. Action Alliance would engage the assistance of the local Rape Crisis Agency.

	<p>Compliance Determination:</p> <p>The Auditor finds that the standard is compliant. The facility allows inmates access to victim advocates from a rape crisis center through a current MOU with Action Alliance. The facility provides inmate victims access to Sexual Assault Nurse Examiner at no cost at the Hospital. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, investigative reports, and SANE examination report. The Auditor interviewed the Haynesville Correctional Center's Investigator, hospital staff, and Action Alliance staff and reviewed multiple state and local websites related to services for victims of sexual assault.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – 030.4 Special Investigation Unit</p> <p>Policy – 038.3 Prison Rape Elimination Act (PREA)</p> <p>Agency Website</p> <p>Investigative Reports of Sexual Abuse and Sexual Harassment Allegations</p> <p>Virginia law- 15.2-1704. Powers and duties of the police force.</p> <p>Memo from Warden</p> <p>Individuals interviewed/ observations.</p> <p>Interview with Director</p> <p>Interview with Warden</p> <p>Interview with Investigators</p> <p>Interview with Inmates who made allegations</p> <p>Summary determination.</p>

Indicator a). The Auditor was provided with information on all sexual assault and sexual harassment claims made in the past year. Policy 030.4 Special Investigations Unit (page 10) requires 'the Unit Managers to ensure administrative or criminal investigations occur on all allegations of sexual assault or sexual harassment.' The Haynesville Correctional Center has investigated 90 allegations of sexual abuse and sexual harassment in the past year. The investigations reviewed by the Auditor included cases reported by inmates to staff through the grievance process and the hotline, and can include third-party referrals. The institution had a rash of allegations made anonymously as inmates used the process to try to get an inmate moved from their building. The facility investigators review video, telephone calls, or speak to witnesses if time frames were given. In a random interview, residents acknowledged that peers had been abusing the reporting system. One of the cases was referred to the Special Investigation Unit for potential Criminal Investigation. Interviews with the Department of Corrections Director and the Warden confirmed the expectation that all allegations be thoroughly investigated. The Warden discussed how he reviews these cases to ensure the reports have been completed and if related concerns have been identified. Random Inmates supported the belief that an investigation would occur for any allegation of sexual abuse or sexual harassment. The inmate supported the facility takes allegations seriously, and that they have access to supervisory staff including upper management. The Auditor observed inmate interactions with the Warden, further supporting the approachability.

Indicator b). Virginia DOC Policy OP 030.4 Special Investigation Unit (SIU) sets forth the obligation that all cases of sexual assault and sexual harassment be investigated. The policy confirms that SIU staff have full police authority. The Auditor confirmed the policy is on the VA DOC website while also reviewing state law in Virginia 15.2-1704, which defines the powers of police. As noted in the previous standard, Virginia law 53.1 allows the Director of Corrections to name an investigative force with full police powers. An interview with the SIU Investigator confirmed that the SIU agents who would investigate sexual assault criminal cases have the powers of arrest and authority to investigate crime in the facility, including the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution. The Facility Investigators also have the ability to investigate and work with local prosecutors on criminal cases for crimes that occur in the facility. The facility investigators will report immediately to the facility upon an allegation of sexual misconduct.

Indicator c). N/A - The Virginia Department of Corrections is responsible for Criminal Investigations at Haynesville Correctional Center.

Indicator d). The Virginia Department of Corrections is responsible for Criminal Investigations and Administrative at Haynesville Correctional Center.

	<p>Indicator e). N/A - The Auditor is not required to review this provision.</p> <p>Compliance Determination:</p> <p>The documents reviewed by the Auditor confirm the authority of the DOC investigators to investigate sexual abuse and sexual harassment allegations. The Auditor confirmed with inmates that allegations were investigated, even if they did not agree with the outcome. The facility was able to document a wide variety of cases for the Auditor to review, including both sexual harassment and sexual abuse cases. The results included cases substantiated, unsubstantiated, and unfounded. These files were reviewed on-site, and the Auditor spoke with all of the in-house investigation team. The Auditor completed a phone interview with the SIU investigator. The volume of cases provided supports that there are appropriate resources to complete them promptly. The Auditor also took into consideration interviews with the DOC Director, the investigator, and the Warden to confirm that all allegations of sexual assault and sexual harassment were investigated.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy 102.6 Staff Orientation</p> <p>Policy 350.2 Training and Development</p> <p>Haynesville Correctional Center staff training records</p> <p>Training Curriculum</p> <p>PREA/ADA monthly newsletters</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Compliance Manager</p> <p>PREA Analyst</p> <p>Random Staff</p>

Summary determination.

Indicator a). The Virginia Department of Corrections provides annual training to its employees, including PREA, undo familiarity, emergency plans, and grievances, to name a few. The Auditor reviewed the training materials used to educate employees about PREA when hired and during annual refreshers. The training materials reviewed contained all 10 required elements of this indicator. Employees are trained, and random staff interviews support an understanding of the agency's zero-tolerance policy toward sexual misconduct. Staff are told, "Any behavior of a sexual nature between employees and Inmates is prohibited. Employees are subject to a Group III offense under Operating Procedure 135.1 Standards of Conduct and may be prosecuted under the Code of Virginia." The Random staff were able to give examples of what they do in their daily jobs that help protect, detect, and respond to incidents of sexual misconduct. The staff reported awareness of the inmates' and staff's rights to be able to report a concern without fear of retaliation. Staff were aware of individuals at greater risk and the symptoms they learned in the training of individuals who might be victims of abuse. Interviewed staff provided examples of different reasons sexual violence may occur in an institutional setting. A portion of the materials goes over staff standards of conduct, avoiding fraternization with inmates, and the mandatory responsibility to report individuals who violate the policy. Staff members were also able to discuss what they learned about working with LGBTI inmates. Staff knew that transgender and intersex inmates have a search procedure and use of preferred pronouns when speaking with the inmate. According to staff, the training is usually offered in a classroom setting in pre-service and annual training, with some online courses. The staff are given updates as policies are adjusted, and the DOC's PREA/ADA unit publishes a monthly newsletter that refreshes staff on key issues in compliance. Policies on Staff Orientation (102.6) and Training and Development (350.2) cover the standard's elements.

Indicator b). The training materials are developed for statewide use; as such, the curriculum addresses working with male and female victims of abuse. Haynesville Correctional Center has not had a transfer of any employee who had worked in a female-only environment in this audit cycle. Policy 102.6 language reinforces the DOC's expectation of gender-specific training: "Such training shall be tailored to the gender of the Inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male Inmates to a facility that houses only female offenders, or vice versa."

Indicator c). The Virginia DOC trains individuals in PREA on an annual basis. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. As noted, the PREA Analyst and the PREA Coordinator confirmed that online education has also been used. In addition to formal training, staff, formally and informally to support PREA issues, are

	<p>continually refreshed for staff during shift briefings. The Auditor observed a shift briefing and a review of PREA Information. The Auditor also reviewed the PREA/ADA newsletters, which go out via email to all employees.</p> <p>Indicator d). The training records of 15 staff were reviewed by the auditor, who confirmed that staff signed an acknowledgment form indicating that they understood the content of the training. Each employee must pass a test of their knowledge. The training supervisor reports that all employees must receive a 100% score or retake the questions the employee got wrong. This is done to ensure a full understanding of the staff's expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. Random file reviews of over a dozen staff support consistent documentation that staff are trained. Further supporting compliance is that all new and seasoned staff could give examples of the information provided in the training.</p> <p>Compliance Determination:</p> <p>The Auditor has determined that the facility has appropriately trained its staff in the areas required by this standard. The facility staff was well educated in the training topics mandated by the standard, and they were able to give examples of the Auditor's questions related to the ten required training elements. The Auditor reviewed facility policies and procedures, training curricula, materials, training rosters, and staff exams. In addition to training its staff, it also requires them to pass a test. The Auditor reviewed the information provided in advance supporting staff education, as well as documentation from a random selection of staff. Current employee training records. The facility provides training more often than the requirements of this standard, as it trains staff annually. The PREA/ADA unit further supports ongoing training through the publication of a monthly newsletter that reinforces PREA topics and training modules. The Auditor determined compliance based on the fact that the staff has retained the knowledge received from training, training materials, interviews with the Haynesville Correctional Center and state leadership, and staff training records.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p>

OP 027.1 Volunteer Programming

OP 038.3 Prison Rape Elimination Act

OP 102.6 Staff Orientation

OP 350.2 Training and Development

PREA PowerPoint

Contractor- Volunteer Training overview slides

Guide to maintaining boundaries

PREA Brochure for Volunteers

Volunteer and Contractor acknowledgment forms

Volunteer and Contractor lists

Random Contractors and volunteer records

Individuals interviewed/ observations made.

Contracted Employee Interviews

Volunteer Interviews

Discussions with Contractors on tour

Summary determination.

Indicator a). The Virginia Department of Corrections and the Haynesville Correctional Center have put in place a system to ensure all contractors and volunteers are trained regarding the inmates' rights to be free from sexual abuse, the agency's zero-tolerance policy for individuals who violate such, and the potential criminal charges. Policy OP 350.2 states, "Contractors and volunteers with the DOC who have contact (or could have contact) with Inmates shall be trained on their responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of Inmates and probationers. (§115.32, §115.232)

i. 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 offenders, but all volunteers and contractors who have contact with Inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

- ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.
- iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.
- iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training.”

The Auditor was provided a sample of the information volunteers and contractors get on the Prison Rape Elimination Act. Contractors who provide direct services to inmates, such as medical and mental health, are provided with more significant training than those who are at the facility to make repairs. In addition to the materials presented, the Auditor considered interviews with contracted staff and volunteers who all supported receiving training on the Prison Rape Elimination Act. The individuals spoken to understood and supported a zero-tolerance culture, and each person knew how to report a concern. The Auditor interviewed contracted employees and volunteers in formal interviews and in discussions on the tour or while moving about the facility. The facility has several groups that provide volunteer programming to inmates. The Auditor was able to speak to Keefe Contractors, who were all former DOC staff and very familiar with PREA and how to report a concern in the facility. They confirmed they underwent new training when hired back as contractors.

Indicator b). As noted in Indicator (a), the Virginia Department of Corrections provides extensive training to both its contracted and volunteer staff. The auditor confirmed that contractors and volunteers are educated on understanding the zero-tolerance culture, how to avoid inappropriate relationships with inmates, and how to report concerns. HCC has a limited number of contracted individuals who provide direct services to inmates after the healthcare staff became state employees. Individuals volunteering or contractors providing limited inmate contact services receive an orientation program that includes an overview of PREA. The Auditor reviewed a PowerPoint document outlining the department’s expectations for volunteers and contractors in supporting a zero-tolerance environment toward sexual misconduct. The commissary staff and religious volunteers were able to describe elements they learned in the training and were able to discuss who they could report a concern to if an inmate disclosed a concern or they saw something that concerned them.

Indicator c). The Auditor was able to review the training record of contractors and volunteers. The individuals signed initial orientation forms when first allowed into the facility, and those who provide ongoing services are found on training rosters.

Compliance Determination:

The Haynesville Correctional Center has provided a multi-level training approach to

	<p>contracted employees and volunteers that is based on the level of contact with the inmates. Individuals with more direct and frequent contact receive the same training from the department on PREA and how to report a concern. Training materials and records support that there is a process to ensure all individuals who come to the facility are educated on the inmates' right to be free from sexual abuse, sexual harassment, and retaliation for reporting any such misconduct. The education materials reviewed confirmed that the individuals were told of their requirement to report any knowledge or suspicion of such misconduct. The Auditor finds the HCC to comply with this standard's expectations. The determination was based on the materials reviewed, policies in place, and informal interviews completed.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP-383.3 Prison Rape Elimination Act.</p> <p>Policy OP-810.2 Transferred Inmates and Receiving Operations</p> <p>Zero Tolerance Postings</p> <p>Detainee Training Outline</p> <p>PREA Video</p> <p>Detainee acknowledgment Forms</p> <p>Monthly tracking reports on inmate education</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Person</p> <p>Interview with Unit case managers</p> <p>Interview with inmates</p> <p>Observation on a tour of PREA Signage in two languages</p> <p>Observation of PREA Video in English and Spanish on inmate TVs.</p>

Compliance Summary

Indicator (a) All inmates are provided information about PREA upon admission to Haynesville Correctional Center. The inmates have often been exposed to PREA through the county jail system or other VA DOC facilities before their admission to HCC. At intake, inmates report being provided a description of PREA, how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The Auditor was explained the admission process during the tour, including the information the intake officer goes over routinely related to PREA, the information provided in documents, and the video for individuals new to the DOC. Individuals new to Virginia DOC are initially housed in one unit to allow for all education and screenings to occur to determine where they should be housed. Other inmates who have been transferred to HCC receive information and sign acknowledgment forms on how to report at the facility before being assigned a unit. The auditor could not observe an intake but confirmed with the inmates that they were provided information about PREA. In addition to written documentation about PREA that is reviewed at intake, all Inmates have continued access to PREA Educational Video. The Video can be played daily on the TV in both English and Spanish. Each housing unit had information on how to report internally and externally through #55 or posted mailing addresses. Every housing unit also had contact information for the PREA Compliance Manager and the regional PREA Analyst.

Indicator (b) All inmates at HCC are met with to review facility-specific information, including PREA, with their caseworker in the first few days in the facility. Those who were not previously in a DOC facility get video education in addition to the introduction to PREA at admission. The education includes the Virginia Department of Correction's zero-tolerance toward sexual abuse or sexual harassment. The 6-page training curriculum tells inmates how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the inmates' rights related to PREA, and their right to be free from retaliation if they make a report. They are given an understanding of the steps DOC will take to investigate and support individuals if an incident occurs. Random inmates confirmed education into PREA. Inmates confirmed verbally in the interviews that they had received education about PREA and how to report a concern. The 652 inmate admissions held over 72 hours in the last 12 months were provided education upon admission to HCC. A review of provided and spot-checked files, training documents, and inmate interviews supports compliance with the indicator. The Auditor reviewed 21 files while at the facility to confirm acknowledgment forms and confirmed clients were educated upon admission in interviews with targeted and random resident interviews.

Indicator (c) All Haynesville Correctional Center inmates have received an education on PREA and how to report any concerns. Inmate education is documented, and random inmates confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. No inmates were in the Haynesville Correctional Center

before the implementation of the PREA law. Many random inmates pointed to signage in the units that educated inmates about PREA; others mentioned the PREA Brochure or the PREA video. Agency Policy OP-810.2 Transferred Inmates and Receiving Operations (page 4) requires “An Inmate received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number. “ Inmates at HCC have all been educated on PREA at other DOC facilities before being transferred to HCC.

Indicator (d) Education is available in multiple languages and forms, from written documents to large print documents in addition to the video. Inmates support the idea that they can go to staff if they need assistance in the comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations, or those who cannot read. Many inmates stated that PREA was not a concern, but they knew the information was available and stated some people could help, including line officers, case managers, unit managers, the PREA Compliance Manager, or dial #55. The Auditor saw PREA Information in two languages during the tour. The Auditor also viewed Inmate orientation books in English and Spanish. The nationally known PREA video is available in multiple languages and has closed captions for the hearing impaired. The Auditor recommended adding the handbook’s PREA information to the library. The facility is looking into the capacity of having the PREA Video play on tablets or the TV system as found in other DOC sites.

Indicator (e) As noted in indicator (b), The Auditor reviewed documentation supporting inmate education across the past year. The auditor also requested a random selection of files supporting compliance with the documentation of PREA education. This supports they have received PREA education. Agency policy takes the additional step to require that if any audit of the inmate file does not have written proof of education, the inmate must undergo reeducation immediately. Inmates spoken to both formally and informally during the tour knew about PREA, the DOC Zero Tolerance stance toward sexual abuse, and how to report a concern. Inmates understood the internal ways of reporting a concern and how to contact individuals outside the DOC.

Indicator (f) Agency Policy OP-810.2 Transferred Inmates and Receiving Operations states, “Each institution will ensure that key information is continuously and readily available or visible to Inmates through posters, Inmate handbooks, or other written formats.” Observations throughout the tour support the fact that there are materials available to inmates continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor discussed with the administration the ability to upload information on tablets, including videos, handbooks, and other PREA Information. The

	<p>Auditor required the facility to add the PREA Information, including the inmate handbook in English and Spanish, to the facility library. This was resolved in one day.</p> <p>Compliance Determination</p> <p>PREA is a term the inmates are familiar with at HCC. The Virginia Department of Corrections Policy OP 038.3 PREA-Prevention sets forth (on pages 4-5) the expectation of the timeliness of inmate education, the manners in which education is delivered, and the requirement for materials for LEP and disabled inmate education. Inmates at HCC confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the inmate by the Intake Officer, and they are provided an inmate handbook that contains PREA information. The information reviewed is signed by the inmate and placed in their case record. The facility has PREA educational materials available to inmates in the form of brochures, posters, and a brochure. As noted, almost all HCC residents were educated about PREA in other DOC facilities before they were transferred. The orientation process also includes viewing the Virginia Department of Corrections-approved PREA video. This video is available in multiple languages. Inmates have access to documents that can be translated into multiple languages as needed.</p> <p>On the tour, the Auditor saw posters informing inmates on reporting PREA events or accessing advocate services. Inmates report they are given facility-specific PREA information within one day of admission. Inmates sign at admission to acknowledge their PREA education. Interviews with inmates confirm they know how to report incidents if they were to occur. Inmates reported comfort using #55 to report a concern or file a grievance if they were to experience or be a witness to an incident of sexual abuse or harassment. During interviews with inmates, they expressed several ways to contact the administration or outside individuals if they were uncomfortable telling the line staff. Many of the inmates stated that PREA was not a concern at the HCC. They also reported they believed any complaint would be taken seriously and investigated. Inmates with disabilities confirm that if they have a need, staff will assist in understanding materials.</p> <p>Compliance determination considered the supporting educational documents, the inmates' answers about training, and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance is the Auditor's review of inmate records that showed their education, the inmate education training materials, and the videos used to educate.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Haynesville Correctional Center Pre-Audit Questionnaire

Policy OP 030.4 Special Investigations Unit

Policy OP 350.2 Training and Development

Training for Institutional Investigators (PowerPoint)

Investigation Matrix

SIU/ facility Investigator Training records

Documentation of ongoing refreshers offered by the PREA Office

Individuals interviewed/ observations made.

Interview with SIU Staff

Interview with HCC Intel Officer

Interview with the Regional PREA Analyst

Summary Determination

Indicator (a) The Virginia Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations Unit (SIU) Agents, who are official law enforcement agents with full powers of arrest in Virginia. The Virginia DOC uses SIU Agents who handle criminal investigations by region and who are required by policy OP 350.2 Training and Development, "Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings.

Specialized training shall include:

- i. Techniques for interviewing sexual abuse victims
- ii. Proper use of Miranda and Garrity warnings
- iii. Sexual abuse evidence collection in confinement settings
- iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral."

As such, DOC SIU Agents have received training in completing investigations consistent with the Virginia statutes and DOC policy. The Department of Corrections

has a cadre of 26 trained staff members trained on how to complete sexual assault investigations of the correctional setting. In addition to SIU, the facility's Intel Officer has also completed specialized training on investigating PREA allegations in the facility. The Intel Unit will handle allegations that are not criminal in nature. They will respond to all allegations to ensure, in the case of a criminal act, that the scene and evidence are protected until the criminal investigator arrives. The staff interviewed supported an understanding that the training they had received had prepared them for completing sexual abuse investigations in DOC Facilities. Training documents and interview support the VADOC has staff take the online NIC course for investigators, and in 2019, the department developed a 172-slide PowerPoint training for investigators. Documentation of these trainings was provided along with other refreshers provided to this group over the past 6 years.

Indicator (b) As noted above, the Virginia Department of Corrections has two training resources to ensure staff understands how to complete sexual assault or harassment investigations in a correctional setting. The Agency utilizes both the National Institute of Corrections online course PREA: Investigating Sexual Assault in a Confinement Setting and the developed course. The Agency course, reviewed by the Auditor in a 172-slide PowerPoint, contained all the relevant topics required in this standard. The interview with a trained investigator and an intel staff member confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The Investigator and Supervisor were able to discuss the practical application of the training in their work in completing sexual misconduct investigations.

Indicator (c) Training records were provided for onsite staff who completed investigations and for certified staff from throughout the Department of Corrections who would complete criminal and administrative investigations at HCC, including the investigator interviewed by the auditor. Policy OP 030.4 Special Investigations Unit (page 10) states, "The PREA Compliance Manager shall maintain documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations." The staff interviews confirmed their training. The facility Intel Unit has three persons who are trained to complete an initial investigation of sexual abuse and sexual harassment allegations. Non-criminal investigations will be completed by the facility Intel staff unless the allegation involves a staff person; then, an SIU investigator will be assigned. The Auditor reviewed investigative files with the investigators to get an understanding of the process and how they have implemented the information from the training. The Auditor asked that the Intel staff records be added to the file.

Indicator (d) The Auditor is not required to review this indicator

	<p>Compliance Determination:</p> <p>The Virginia Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. The intel staff at Haynesville Correctional Center has been trained to complete investigations. The Agency employs criminal investigators in the Special Investigation Unit (SIU) who have full police authority. Documents and interviews support the fact that the facility's investigators are trained in the requirements of a PREA-related investigation. Given the number of DOC-trained PREA Investigators, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility meets the standard expectations. Investigations that were reviewed were complete, showing many of the aspects provided in the training. The training documents further supported the Auditor's findings in that the facility and state have sufficient resources to complete investigations into issues of sexual misconduct.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy 102.6 Staff Orientation</p> <p>Policy 350.2 Training and Development</p> <p>Policy 701.1 Health Service Administration</p> <p>Policy 720.7 Emergency Medical Equipment and Care</p> <p>NIC Courses for Medical and Behavioral Health Staff on Working with Victims in Corrections</p> <p>NIC Certificates</p> <p>PREA Response Plan</p> <p>Individuals interviewed/ observations made.</p>

Medical Staff

Mental Health Staff

VCU Medical Center Richmond

Summary Determination

Indicator (a) The Haynesville Correctional Center employs the services of state-employed medical and mental health providers. The facility trains staff using the National Institute of Corrections courses on PREA-specific considerations from the medical and behavioral health staff. Included in the training materials were details on how to recognize signs and symptoms of abuse, communicate effectively with a victim, report an allegation, and preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit. Healthcare staff knew whom to report PREA concerns to within the DOC and their supervisory chain. Supporting documentation considered included the facility's PREA response plan.

Indicator (b) The medical staff does not complete a forensic exam. Discussions with regional medical facilities confirmed the availability of trained nurses to perform sexual assault exams. From HCC, inmate victims would be taken about 60 miles to the main Virginia Commonwealth University Health Center in Richmond

Indicator (c) Documentation was provided to the Auditor for the healthcare staff confirming that the specialized training was completed. The Auditor asked for some additional information not provided in the initial documentation placed in the OAS. The Auditor reviewed the training materials and considered the staff's knowledge of the materials. The training materials and staff knowledge were consistent with standard expectations on protecting evidence in a sexual abuse incident.

Indicator (d) A review of the training record and the interview with staff confirms that all staff received the same training as the DOC employees annually as well as the training described in 115.32. DOC training records further support compliance. Policy 102.6 states, "Medical and mental health care practitioners must also receive the training mandated for employees or contractors and volunteers depending upon the practitioner's status in the DOC." The facility provided information on NIC training completed by both the medical and the mental health professionals.

	<p>Concluding Determination</p> <p>The state employs medical and mental health staff at Virginia DOC facilities. HCC Healthcare staff are employees who have taken the required specialized course through the NIC and can attest to the information they learned. The Auditor is familiar with the course content, having reviewed it in previous audits. The training materials and interviewed staff supported they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with healthcare staff and was able to ask questions of other staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment.</p> <p>They were able to explain that the reporting would be up to their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Department of Corrections investigators or the PREA Compliance Manager. The contracted staff reported they also take the same PREA classes from the Virginia DOC as state employees. Medical staff will not do forensic medical examinations, but are aware of how to protect evidence and what facilities they would refer inmates to for an exam by a SAFE or SANE if needed. The Auditor determined compliance based on policy, interviews, and the review of the training programs for Medical and Mental Health staff. The Auditor also took into consideration the coordinated response plan and the availability of SAFE nurses in the local hospital.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 730.2 Screening Assessment and Classification</p> <p>Policy OP 810.1 Inmate Reception and Classification</p> <p>Policy OP 810.2 Transferred Inmate Receiving and Orientation</p> <p>Policy OP 861.1 Inmate Discipline</p> <p>Classifications screening description</p> <p>Classification Screenings</p> <p>Reassessments</p> <p>Memo of LGBTI Perception</p>

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Medical and Mental Healthcare staff.

Interview with Intake and Screening staff

Interview with Warden

Observation on tour

Summary Determination

Indicator (a): All Virginia Department of Corrections inmates admitted or transferred to Haynesville Correctional Center are assessed with an objective screening. This requirement is outlined in policy OP 810.1, which states, "Within 24 hours of arrival, prior to bed assignment, a Classification Assessment will be completed in VACORIS for each new Inmate entering the DOC and housing assignments made accordingly." The policy goes on to state, "Utilizing the results of the Classification Assessment in VACORIS and available Inmate records, staff will screen the Inmate for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior and will interview and evaluate the Inmate for High-Risk Sexual Aggressor (HRSA) and/or High-Risk Sexual Victim (HRSV) tendencies." Policy OP 810.2 sets forth the same requirements for inmates who are transferred to the DOC system on page 5. "A Counselor or other non-clerical staff member will assess each inmate, upon transfer from one DOC institution to another, for their risk of being sexually abused by other inmates or sexually abusive toward other inmates." The Auditor selected a random population sampling that supported screening occurring upon transfer from DOC facilities or if the admission was from a county jail. Most inmates are transferred to Haynesville Correctional from other DOC facilities. The records reviewed support screening occurring on a consistent base within the first 24-48 hours.

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Virginia DOC requires the screening to be completed in the first 24 hours. The Policy states,

"The Classification Assessment must be completed and approved within 72 hours of the inmate's arrival at the institution and will include a review of the following factors: (§115.41[b], (§115.41[c], §115.41[e])

a. History of assaultive behavior

b. Potential for victimization

- c. History of prior victimization
- d. Special medical or mental health status
- e. Escape history
- f. Age
- g. Enemies or inmates keep separate information
- h. Any other related information

The review of the screening reports supports that this practice standard is met. The Auditor requested a random sample of files to compare to the report provided on the timing of the screenings and reassessments. The Intake Counselor confirmed that screening is done as part of the admission process. The inmate is asked questions directly, and the inmate's criminal and institutional records are reviewed to determine. The staff person walked the Auditor through the intake process, describing the process, including where the interviews take place and what questions are asked. The facility reports 652 admissions in the past year, with 100% of screenings completed within 72 hours. The facility had provided in the online Audit System documentation of multiple screenings completed monthly over the past year. The Auditor reviewed a sampling of the population files while on-site.

Indicator (c) The tool developed for screening inmates for potential sexual violence or sexual victimization is an objective tool utilizing information from the inmate's criminal records, information from other correctional settings, and the inmate's self-reported information. The agency provided the Auditor with the materials for administering and scoring the tool to ensure the application was objective. The screening information has been put into VACORIS, an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked. Files were reviewed in advance of the audit, and the Auditor requested a random sampling of files on-site. Random inmates were asked questions to confirm that the screening process did occur, including if they were asked directly about their sexuality, victimization history, and their perceived safety from sexual abuse. The system identifies HRSA and HRSV from the scoring, which was also provided along with the reports showing all individuals classified in either category.

Indicator (d) The Virginia DOC Policy states the following regarding the PREA screening process. "The Classification Assessment must be approved within 72 hours of the inmate's arrival at the

institution and will include a review of the following factors: (§115.41[b], §115.41[e])

- a. History of assaultive behavior
- b. Potential for victimization

- c. History of prior victimization
- d. Special medical or mental health status
- e. Escape history
- f. Age
- g. Enemies or inmates keep separate information
- h. Any other related information.”

A review of the objective tool used in Virginia DOC facilities shows that it accounts for all 10 elements required in this indicator. As noted in indicator (b), policy language covers the required questions that the state expects to be considered in determining the risk of sexual victimization. A review of the objective tool used in Virginia DOC facilities shows that it accounts for all 10 elements required in this indicator. The Agency PREA Coordinator explained to the Auditor the process by which all elements are weighted for the scoring process as a High Risk for Victimization or a High-Risk Aggressor. Files were reviewed in advance of the audit, and the Auditor requested a random sampling of files on-site. The Auditor reviewed the electronic screening system, and the facility printed out the screening questions and results from VACORIS.

Indicator (e)) The Virginia DOC screening tool does consider the offender’s history of violence or sexual abusiveness in the community and prior institutional settings. The PREA Compliance Manager and the counselor interviewed about screening reports if the Inmate has an incident in the current institution, they would be reassessed, which could change their scoring. The agency screening guidelines remind staff that Inmates can be both a high risk to be a victim of sexual abuse (HRSV) and a high risk to be a sexual aggressor (HRSA). The agency practice is to follow the guidelines of HRSA when the Inmate scores positive for both status measures. The Auditor also saw the HRSA/ HRSV screens from VACORIS (the state's electronic case management system) when identifying the target population for interviews. The medium security facility had no HRSA designations during OAS uploads. The facility has reported four individuals were in the facility on day one, with three in the general population.

Indicator (f) The VA DOC policy 810.1 requires assessment within 21 days instead of the standard required of within 30 days. The Policy states, “Within 21 days from the offender’s arrival at the institution, staff will meet with the Inmate and will reassess the offender’s risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening.

- i. The PREA Reassessment must be completed no sooner than 14 days and no later

than 21 days after the offender's arrival at the institution.

ii. Completion of the Reassessment must be documented as a PREA Reassessment in the Facility Notes section of VACORIS.

iii. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding PREA Reassessment note.

The Auditor was able to review the report and inmate files to ensure compliance with the standard. The files reviewed confirmed that the reassessments were completed within the 30-day timeframe. The auditor found the screenings ranged between 14 and 21 days. The Auditor finds that this is done on a paper system that is subsequently uploaded into VACORIS. The files reviewed on site were completed within the policy guidelines which is nine days before the standard's requirement. The facility reported in the OAS that 100% of the 652 inmates who stayed 30 days were reassessed.

Indicator (g) The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments, which occur for several reasons. The inmate would be reassessed if they were either the victim or the perpetrator of sexual violence if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. Policy OP 730.2 Screening Assessment and Classification states, "An offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness." The Auditor also discussed with the counselor about reassessments that are based on new information, including if someone discloses information about prior abuse or their sexuality identification. Inmates supported the idea that they were asked questions at the reassessment point, and the population was discussed regularly with the unit management team. The Auditor also discussed with mental health and medical staff how communication would occur if an inmate disclosed information in these settings differently than at the intake. The parties understood past victimization, and one's sexuality might be disclosed more easily in a clinical setting.

Indicator (h) The Auditor confirmed that inmates are not disciplined for refusing to answer questions or disclosing information during the screening process. The Auditor spoke with the intake staff who completed the initial screening and the case managers who completed the re-assessment. A random sampling of inmates also confirmed you cannot get in trouble for not answering these questions. Virginia DOC policy 810.2 Transferred Inmate Receiving and Orientation states, "Staff must not discipline inmates for refusing to answer or for not disclosing complete information in response to questions asked in the Classification Assessment interview."

Indicator (i) The Virginia Department of Corrections completes the screening information in its electronic case management system. The system limits access to screening information, particularly the inmate's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Limited information is shared through the Unit management structure to ensure safety, but critical information that might be used to exploit an inmate is kept to a limited few individuals. The VACORIS system can generate a report identifying who is on HRSA or HRSV without providing specific information about the reasons why. This allows for Supervisory staff to make informed decisions about housing moves, programming, or work assignments without having to disclose if the inmate was a victim previously of sexual abuse or if the score was given as a culmination of other factors scored.

Compliance Determination:

The Haynesville Correctional Center ensures all inmates are screened for sexual victimization and abusiveness using an objective tool. The policy requires that all inmates be screened initially within 24 hours and reassessed within 14-21 days. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is also done when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Virginia DOC electronic case file system that links records as inmates move between facilities.

Virginia DOC developed the objective tool and has clear guidelines for its use. The tool accounts for all factors required in indicators (d) and (e). They have also implemented a system to ensure that after the initial screening, the inmates are asked about sexuality, victimization history, and perceived safety. The Intake officer who was spoken to confirmed inmates cannot be punished for refusing to answer questions about sexuality, prior victimization, and vulnerability. The Auditor also confirmed this with inmates as part of the formal interviews. Interviews also confirmed that a limited number of staff, administrators, and treatment professionals know the reasons for PREA scoring results in CORIS. Unit Management team members were aware of inmate screening and the importance of using the information. Medical staff will also ask for PREA-related information during the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.

Compliance was determined based on the random sample screens reviewed along with the files provided in advance in the OAS. The documents were consistent with the standard's content and timeliness requirements. Interviews with staff and inmates further support the idea that the appropriate questions are being asked. The Virginia DOC policies incorporate PREA Screening into multiple policy expectations. The Auditor also took into consideration that Medical and Mental Health staff knew that disclosures of information that could impact scoring should be reported to the appropriate leadership,, who could adjust the scoring,, such as the PCM or the Unit Managers.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 810.1 Inmate Reception and Classification</p> <p>Policy OP 810.2 Transferred Inmate Receiving and Orientation</p> <p>Policy OP 830.5 Inmate Transfer and Reassignments</p> <p>Policy OP 841.1 Inmate Programming and Services</p> <p>Policy OP 425.4 Management of Bed and Cell Assignments</p> <p>Inmate Classification Screenings</p> <p>Transgender multi-disciplinary</p> <p>HRSA and HRSV screening</p> <p>Warden Memo on screening use</p> <p>Memo on use of Screening information.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with State PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Intake Officer</p> <p>Interview with Unit Manager</p> <p>Interview with Random Staff</p> <p>Interview with random inmates</p> <p>Interview with transgender inmates</p> <p>Population report</p> <p>Observation on tour</p>

Summary Determination

Indicator (a) The DOC PREA policy OP 038.3 addresses prevention efforts and covers the 5 elements of this standard indicator (Pages 6-7). The PREA screen used at HCC provides immediate assistance in determining the appropriate housing unit and bed placement for any new Inmate. If an individual is a known perpetrator of sexual offenses, they would be prohibited from being placed in the same bunk area as an individual with a known victim history. Individuals who would be likely victims in the institutions can be considered for being bunked individually. Unit staff determines, through a multi-discipline team, when an inmate is ready to transition to either work or educational programming. During these team meetings, a potential conflict would be identified between the known individuals on each side. Staff in education and work settings confirmed they are provided information to ensure inmates with victimization histories are kept apart from potential perpetrators of sexual violence. The policy states, "Facility staff will use information from the offender's Classification Assessment in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those Inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff will make individualized determinations about how to ensure the safety of each offender." The PREA screen used at HCC provides immediate assistance in determining the appropriate housing unit and bed placement for any new admission. If an individual is a known perpetrator of sexual offenses in an institution, they would be prohibited from being placed in the same unit as an individual with a known victim history. The shift commander would reportedly place individuals who are likely to be victimized in bunks closest to the housing officer and the overwatch position. Through a multi-disciplined team, unit staff determines when an inmate is ready to transition to work or programming. The team would review where a potential conflict would be identified. The Auditor was provided with examples of the report available in VACORIS that breaks out individuals who score as high risk for sexual aggression or being victimized. The Auditor asked for the facility to provide a narrative document describing how the information obtained is used to protect individuals from sexual abuse. The facility provided a document showing his expectations for the use of screening information at various points during the inmate's stay and the parties responsible. Descriptions by multiple leadership staff support that there is intentional placement of housing and bunk assignment, and continued assessment of inmates' safety in work, education, and programming.

Indicator (b) Safety of the inmates is considered throughout the inmate's stay. Unit management allows inmates to be grouped in smaller subsets within the pods where the staff can focus on their needs and learn their behavioral norms. The staff interviewed identified the importance of being able to identify when the behaviors change. The random inmates reported they could reach out to the unit manager or

other leadership if they had any individual needs/concerns. Interviews with staff also confirmed they would act if the inmates' voiced concerns. During the initial screening process, inmates are asked about their perception of safety by custody and healthcare staff. Inmates also have an opportunity to discuss concerns with mental health and with case management staff during the reassessment period. The Institutional Program Manager reviews all out-of-pod assignments to ensure there is no conflict between those identified as High-Risk Aggressors and those who are High-Risk Victims.

Indicator (c) Haynesville Correctional Center had transgender identifying individuals but no intersex individuals on day one of the audit. The Haynesville Correctional Center is a male correctional facility, and the Transgender individuals were housed in the general population and protective custody beds. The protective custody is not related to any PREA Concerns for safety. Agency PREA policy states, "In deciding whether to assign a transgender or intersex Inmate to a facility for male or female Inmates and in making other housing and programming assignments for transgender and intersex offenders, staff will take into consideration whether an assignment would ensure the offender's health and safety and whether the assignment would present management or security problems. A transgender or intersex offender's view with respect to their own safety will be given serious consideration." The transgender case files reviewed by the Auditor and discussions with the PREA Coordinator supported the process for making decisions is on a case-by-case basis. The Auditor requested documentation from the PREA Coordinator on how statewide decisions are made on individuals who identify as transgender. The agency leadership, including the PREA Coordinator, will assess the most appropriate setting for housing individuals who are transgender or intersex. The agency's medical and psychiatrists are consulted for housing and hormonal treatments. For individuals requesting from the facility treatment team to start hormonal treatment, the agency requires both a review by the Chief Psychiatrist and an endocrinologist. The Auditor was provided information supporting facility-level meetings that occurred for multiple transgender individuals housed in the facility in the past year. The Auditor also made recommendations on how to improve documentation around these meetings. Policy OP 830.5 further supports individualized planning when it states, "A transgender or intersex offender's own views with respect to their own safety will be given serious consideration. Lesbian, gay, bisexual, transgender, or intersex offenders will not be placed in the Protective Custody Unit solely based on their identification or status." The PREA Coordinator confirmed that she and her office staff get routine updates from the facility and will go out and meet with the transgender and intersex individuals if needed. The Auditor observed that the transgender knew both the PREA Coordinator and the PREA Analyst on site.

Indicator (d) Records show that these meetings have occurred twice a year. The agency reportedly keeps the individual's review on the schedule identified when they first disclose being transgender or intersex. It was stated that the transgender

individual would also get a meeting upon transfer, meaning there may be three official reviews in addition to routine unit management reviews in those years. Documentation was reviewed on-site to support the fact that the meeting had occurred. The state practice reviews all cases statewide in two months each year to ensure there are no gaps between meetings.

Indicator (e) Transgender inmates interviewed confirm there is a meeting that occurs shortly after admission; they are asked about their personal needs to feel more comfortable in the facility. Hygiene and clothing can be requested along with search or shower deviations. Agency policy states, "Policy 730.2 states, "The Psychology Associate will notify facility staff responsible for making housing and programming assignments for transgender or intersex inmates of any relevant screening results that would present management or security considerations so staff, on a case-by-case basis, can make a determination that best ensures the inmate's health and safety." Policy 830.5 Inmate Transfer and Reassignments, consistent with standard language, states, "A transgender or intersex offender's own views with respect to their own safety will be given serious consideration." Transgender inmate files show documentation of approved strip and shower deviations. The auditor discussed with each individual how the facility has worked with them to help provide for their needs and the steps taken to ensure safety.

Indicator (f) DOC Policy 038.3 requires that transgender inmates can shower separately from other inmates. In plans reviewed, the transgender inmate showers while other inmates are in lock-up. In unit showers, privacy is maintained through solid privacy doors that allow only the feet and the tops of the inmate's head to be seen. The Auditor confirmed that Transgender inmates shower separately from the rest of the population. Documentation and interviews with staff confirmed the ability to have transgender individuals be able to shower separately from other residents if they choose

Indicator (g)The Virginia Department of Corrections does not house all LGBTI inmates in one housing unit by policy, practice, or legal requirement. There is no legal judgment requiring such a condition to exist. The policy prohibits this action: "Lesbian, gay, bisexual, transgender, or intersex Inmates will not be placed in a dedicated facility, housing unit, or wing solely on the basis of such identification or status" (OP 038.3). This was confirmed with interviews with the PREA Compliance Manager, random staff, and gay and transgender inmates. The Auditor reviewed the overall population of the facility to ensure the identified populations were disbursed throughout the prison.

Compliance Determination:

	<p>Virginia DOC Policy OP 038.3 Prison Rape Elimination Act described the use of the PREA Screening tool in Indicators (a) and (b). The remaining Indicators are covered in 425.4 Management of Bed and Cell Assignments and in Policy OP 830.5 Inmate Transfer and Reassignment. All individuals entering HCC are asked how they feel about their safety, which helps guide the placement process for housing and, eventually, programming. The Auditor confirmed with the PREA Coordinator and the Warden that multidisciplinary teams meet to discuss each transgender inmate's needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender inmates would have privacy during shower use. Documentation and interviews support that LGBTI inmates are not all housed together or are denied programming or work. Interviews with transgender inmates and other LGBTQI inmates support the HCC has systems in place to ensure their safety. The inmates at greater risk will be housed in units without sexual aggressors, and they will often be housed closer to staff and have to provide the best lines of sight and increased ability to monitor interactions.</p> <p>The Auditor finds that practices are in place to use screening information, and there is good communication about those at risk. The Auditor also took into consideration interviews, the policy language in place, and the random documents provided. The auditor also considered that the PREA Office has direct communications with the transgender inmate, supporting that the statewide Quarterly reviews done at a statewide level include first-person information provided by the PREA Office.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 425.4 Management of Bed and Cell Assignments</p> <p>Policy OP 810.1 Inmate Reception and Classification</p> <p>Policy OP 830.5 Transferred Inmate Reception</p> <p>Policy OP 861.1 Inmate Discipline</p> <p>Policy OP 730.2 MHWS Screening, Assessment, and Classification</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p>

Interview with Warden

Interview with Staff in Restrictive Housing Unit

Interview with the PREA Compliance Manager

Observation on tour

Summary Determination

Indicator (a) The Haynesville Correctional Center refrains from placing inmates at high risk for sexual victimization in involuntary segregated housing. Policy OP 425.4 allows, consistent with the standard for protective custody housing, for a period of 24 hours while the situation is assessed. DOC policy states, "Inmates identified as HRSV or Inmates alleged to have suffered sexual abuse or sexual harassment will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers." HCC administration reports that there have been no cases of protective custody for individuals at risk of sexual abuse in the past three years. The Auditor also confirmed this with staff working at the RHU. Virginia DOC Policy 830.5 further addresses the intended limitation on the use of Protective Custody for those at potential risk of sexual abuse. "Lesbian, gay, bisexual, transgender, or intersex offenders will not be placed in the Protective Custody Unit solely based on their identification or status." The Auditor spoke with an identified member of the LGBTI community in the protective custody unit who confirmed they were there for past criminal behaviors and not because of their reported sexuality.

Indicator (b) Since it is not the practice of the Haynesville Correctional Center to place individuals in involuntary segregation as a means of providing protection from sexual abuse, the elements of indicator (b) are difficult to assess. The DOC policy states, "The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged.

- i. A Sexual Abuse/Sexual Harassment Available Alternatives Assessment must be completed by the Shift Commander prior to placing the Inmate in a restrictive housing unit.
- ii. If the Sexual Abuse/Sexual Harassment Available Alternatives Assessment cannot be conducted immediately, the Shift Commander may place the Inmate in a restrictive housing unit on General Detention for up to two hours while completing the assessment.
- iii. A copy of the completed Sexual Abuse/Sexual Harassment Available

Alternatives Assessment must be sent to the Regional PREA Analyst immediately upon completion with a copy maintained in the PREA Investigation file.”

The policy goes on to state the following on access to programming. “If access to activities and services is more restrictive for Inmates identified as HRSV or who have alleged to have suffered sexual abuse or sexual harassment than for others in their housing status, staff will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the Denial of Activity or Service.”

Indicator (c) The Department of Correction has a policy OP 425.4 Management of Bed and Cell Assignments that addresses the requirements of this standard in protecting inmates and staff who report PREA incidents from retaliation. The policy requires HCC not to house the victims or those at risk in segregation as a form of protection unless there are no other means and the situation is reassessed every 30 days. The policy states, “Inmates will remain in the restrictive housing unit only until an alternative means of separation from likely abuse can be arranged; this assignment will not ordinarily exceed 30 days.”

Indicator (d) Since HCC has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct in the past three years, there is no documentation to review. The Auditor reviewed a sexual abuse allegation where the inmate was placed in medical while the investigation was being completed. There are reported times when inmates have requested to go to RHU for protection from other conflicts in the facility.

Indicator (e) The Department of Correction has a policy (Policy OP 830.5 Transfers and Reassignments) that addresses the requirements of this standard in protecting inmates and staff who report PREA incidents from retaliation. The policy requires HCC not to house the victims or those at risk in segregation as a form of protection unless there are no other means and the situation is reassessed every 30 days. The policy requires regular review by staff and Mental Health professionals and communication with the Regional PREA Analyst. The Mental Health Staff and Institutional Program Manager confirmed that the reassessment of the inmate’s needs would be ongoing if they were required to use protective custody to ensure safety from sexual assault.

Compliance Determination

Interviews with the Warden and the facility's PREA Compliance Manager confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation or a higher level of custody. An interview with an

	<p>LGBTQI inmate affirmed that they were not held in administrative segregation as a protective condition. Investigative reports support that there is no segregation of victims, which is consistent with the Warden’s interview. In addition to discussions with the inmates, staff, and administration during the tour, the disciplinary segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews, and the policy and practice of the facility.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 038.1 Reporting Serious or Unusual Incidents</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 803.3 Inmate Telephone Services</p> <p>Policy OP 801.6 Inmate Service</p> <p>Policy OP 866.1 Inmate Grievance</p> <p>Policy OP 940.0</p> <p>PREA Brochure</p> <p>Inmate orientation book</p> <p>Inmate PREA Video</p> <p>PREA Posters In multiple languages</p> <p>Action Alliance MOU</p> <p>Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with Random Inmates</p>

Observation on a tour of Reporting information

Summary Determination

Indicator (a) The Virginia DOC has multiple policies that address the concerns of this standard indicator. The policies direct staff and inmates on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. PREA Policy 038.3 provides an overview of the entire reporting process, while the other policies address using the phone, filing a grievance, or completing a request form as options for reporting a concern. Policy 038.3 states, "Inmates and CCAP probationers/parolees can report sexual abuse and sexual harassment, inmate and CCAP probationer/parolee retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member including chaplains, medical, mental health or counseling staff, security staff, or administrators."

Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker's action or inaction that led to sexual misconduct against an inmate. Random interviews confirmed that the inmates know there are multiple ways to report a concern within the facility, such as dialing #55 or calling the Department of Corrections Central Office. Inmates knew of the postings and options to report a concern, including directly to a staff member they trust, to any case manager or medical or mental health staff, by writing the Warden, or by calling the PREA 'hotline' (#55). There was signage observed throughout the facility in both English and Spanish, the most common languages spoken in the facility. The signs provided directions for internal and external reporting, including mailing addresses. The inmates at Haynesville Correctional Center most often come from other state facilities where they have been offered PREA education. The posting tells the inmates of ways to report a PREA concern internally and externally. Signage was easily understood, including how to use #55 to report to an external agency or to speak to a supportive outside counseling service through the rape crisis service provider. The facility can play PREA Video on the facility's television system. The Auditor also saw grievance boxes accessible to inmates where PREA complaints could also be filed. The auditor tested the reporting system on multiple units, making calls to the outside reporting mechanism, which forwarded the information to the Virginia DOC PREA Office. Inmates knew they could not only report abuse but also any retaliation for reporting a PREA incident or a staff member's actions that allowed abuse to occur. The auditor suggested that the facility consider playing the PREA Video on the TV or tablet, as he had seen it at another VADOC institution. Inmates can access the PREA Hotline on unit phones. Inmates in all units confirm that they have access to supervisory staff who visit the units to facilitate reporting of concerns.

Indicator (b) The Virginia Department of Corrections has set up a way for inmates to report a PREA concern to an outside agency. The phone numbers to access the local rape crisis agency Action Alliance are painted on walls prominently in each housing

unit. The PREA poster was available to residents with the Action Alliance address if they do not feel comfortable reporting to DOC staff. Inmates were aware of these options and stated they could call attorneys or family members to report a concern. The inmates were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. Action Alliance has set up reporting and separate treatment/support lines with the DOC. The Auditor tried the # 55 line from a housing unit which prompts you to either press 1 to report a complaint or 2 to speak with a rape crisis advocate. The Auditor called the Hotline, and the state PREA Coordinator confirmed he received a notification. The Auditor confirmed with Action Alliance that the reporting process allows them to report all concerns while allowing the individual to remain anonymous. By allowing the inmate to report a concern separate from seeking emotional support, they can report the complaints to the DOC for investigation. The Haynesville Correctional Center does not house inmates for immigration violations. Inmates confirmed that they can speak directly to staff they trust. They also confirm that the Unit managers and custody Supervisor are through the units and can be spoken to in a private setting. Resident knew they could write the Warden or other leadership directly about a concern and that they had access to writing implements and stationery to write letters or grievance forms. The auditor saw residents interact with facility leadership during the tour.

Indicator (c) Policy 038.1 Reporting Serious or Unusual Incidents states, "Staff must accept reports made verbally, in writing, anonymously, and from third parties and must promptly document verbal reports as an Internal Incident Report with PREA checked in the description field." Interviews confirm that it is consistent with agency policy that all staff take any report of a PREA-related incident seriously and report the concern to a superior or the facility investigator. Random staff knew that they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim needed to be reported and documented in writing, even if they thought it did not occur. Finally, the staff also confirmed they had to report the actions or failure to act of a fellow employee that led to a sexual assault. In the investigation files reviewed by the auditor, there were investigations started by written and verbal statements. The Auditor also found examples of inmates using the hotline and grievance systems to report concerns. The facility provided multiple examples from investigation files as documentation to support compliance.

Indicator (d) The Virginia Department of Corrections provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff member being involved with an inmate, they reported it to another supervisor or a higher-ranking individual. They can make a report using either the posted phone numbers of Human Resources, the facility's senior leadership, or the Virginia DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. Agency PREA Policy 038.3 provides the

	<p>above-stated options on page 14.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has several policies that promote reporting by staff and inmates. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment, whether it was done verbally, in writing, anonymously, or by a third party (indicator (c)). Inmates interviewed were aware of multiple ways in which they could report, including telling staff, calling the hotline, mailing administration or the rape crisis agency, completing a grievance form, or calling or writing the local rape crisis agency. Posters directing inmates to call or write the Action Alliance are seen on all the housing units during the tour. Inmates spoken to formally and on tour reported comfort in reporting via the #55 system, but most reported that PREA is not a concern at HCC. Custody staff reported knowing how to report PREA concerns to the administration privately and that there is no problem reporting out of the chain of command. The Auditor finds compliance based on the policy, documentation provided and viewed on the tour, the interview findings of random staff and inmates, and interview information from the Action Alliance representative, PREA Compliance Manager, and PREA Coordinator. The Auditor's successful testing of the reporting systems further supported compliance, as did the investigative files, which included allegations that originated from various settings within the institution. The facility resolved the Auditor's concerns about a mechanism for inmates in RHU to report without having to tell a staff person directly or hand them a letter.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 861.1 Inmate Discipline</p> <p>Policy OP 866.1 Inmate Grievance</p> <p>Memos from Warden</p> <p>Inmate Orientation Manual</p> <p>DOC Website</p>

Individuals interviewed/ observations made.

Interview with facility PREA Compliance Monitor

Interview with Regional PREA Analyst

Interview with Warden

Interview with Grievance Officer

Interview with Random Inmates

Observation on tour

Summary Determination

Indicator (a) The Haynesville Correctional Center is not exempt from the standard; inmates can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an inmate can file a grievance. Virginia DOC policy states, "The Inmate Grievance Procedure is one of the 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 that may have contributed to such incidents." The Auditor was able to review a PREA sexual Abuse allegation filed through a grievance form. Agency policy requires the education of residents on the grievance process, including the location of boxes in the facility and the schedule for their pickup. Postings were visible in common areas, including visitation, where families and attorneys could access information, including details on third-party grievances that could be filed through the PREA Office. This information is also available on the agency's website. Agency grievance policy 866.1 contains specific language about PREA-related grievances. Discussions with the facility's grievance officer confirmed that inmates have the right to file a grievance related to sexual abuse. The staff confirmed that there were no formal allegations of sexual abuse in the past year through the formal grievance process. All grievances that relate to sexual abuse or harassment are immediately turned over to the Intel unit for investigation and to the facility's PREA Compliance Manager. The Grievance Officer reports they handle about 5-10 grievances per month per year, but rarely get grievances related to sexual misconduct.

Indicator (b) Agency policy and inmate handbooks support the idea that the inmate can file a grievance to a person who is not the subject of the grievance, and there is no requirement to resolve the situation through an informal process. Agency policy OP 866.1 Inmate Grievance sets forth language consistent with the standard. The

policy denotes when there is a deviation from the standard grievance procedure to conditions that need to be met, specifically in PREA-related grievances. A review of the policy (page 7) confirms in the section entitled Timeline for Submissions that sexual abuse allegations are not subject to time constraints for reporting. "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse or sexual harassment." The standard grievances at HCC are required to be filed within 30 days of the incident. The policy also states there is no obligation for the grievant to have an informal resolution meeting with the party who sexually assaulted or harassed them. "PREA Exception to Informal Complaint Process

1. An Inmate is not required to use the informal complaint process or otherwise attempt to resolve with staff any alleged incident of sexual abuse or sexual harassment. (§115.52[b(3)])

2. Staff must accept all Inmate allegations of sexual abuse and sexual harassment reported through the informal complaint process and must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and the PREA Compliance Manager. (§115.51[c]).

3. Staff must forward Written Complaints alleging sexual abuse or sexual assault to the PREA Compliance Manager for investigation; the written response must be "This matter has been forwarded for investigation to the PREA Compliance Manager." The PREA Compliance Manager must notify the Regional PREA Analyst." Inmates were aware that they were able to file a grievance related to a sexual misconduct concern.

Indicator (c) The facility has large mailboxes where inmates can submit confidential letters to the grievance officer, PREA Compliance Manager, the Warden, or any other leadership staff. Grievances can be filed in a sealed envelope given to staff if the inmate is restricted to housing. Inmates can direct the mail to the appropriate administrator, who will forward it to investigators and the grievance officer. Inmates interviewed reported grievances as the fourth option they would use to report a concern after the PREA Hotline #55, speaking to a staff member they were comfortable reporting to, or dropping a note. The Grievance Officer was aware that inmates could file a complaint through the administration if they were the subject of the complaint.

Indicator (d) Policy OP 866.1 Inmate Grievance Sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The Policy also has specific language regarding Sexual misconduct allegations received through the grievance process. Staff report that though the inmate may grieve a concern at a routine grievance, the facility will treat the concern on a more expedited process through a formal investigation that would

commence immediately.

“Special Concerns during the Intake Process

a. Staff must accept all Inmate allegations of sexual abuse and sexual harassment reported on a grievance and must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and PREA Compliance Manager. The PREA Compliance Manager must notify the Regional PREA Analyst. (§115.51[c])

b. Staff must bring any grievance alleging physical assault or criminal activity to the attention of the Facility Unit Head immediately upon receipt.

c. Staff must not return a Regular Grievance concerning an offender’s medical care to the Inmate for Insufficient Information. Staff must forward these grievances to the Medical Department once logged.

d. Staff must not return a Regular Grievance alleging sexual abuse or sexual harassment for insufficient information. Staff must forward these grievances to the PREA Compliance Manager once logged.”

At HCC, the grievance is referred to the investigator, and the inmate is notified of the change in process. The facility PCM and not the Grievance Officer will notify the inmate of the outcome of the investigation. If an inmate files an appeal, they would be referred to the PCM and the Investigator because the Grievance Officer would not necessarily have access to the investigation materials.

Indicator (e) The grievance policy states inmates may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. Policy 866.1 Inmate Grievance Procedures states, “Third Party Assistance - Third parties must be able to assist offenders in completing grievances relating to allegations of sexual abuse and sexual harassment and must be permitted to file such requests on behalf of offenders. (§115.51[c],§115.52[e])

a. If a third party files such a request on behalf of an offender, the offender must agree to have the request filed on their behalf.

i. If the offender does not agree, staff must document the decision, and the grievance must not be accepted.

ii. If the offender does agree, assistance from fellow offenders or staff members may continue through all stages that remain.

b. Any third party filing of a request related to allegations of sexual abuse or sexual harassment must be forwarded to the PREA Compliance Manager.”

The Auditor reviewed how the agency handles third-party complaints, including grievances. Such a person may also file the grievance on behalf of the prisoner or inmate, provided that the prisoner or inmate consents to the filing. Inmates spoken

to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another inmate. Staff were also aware they needed to accept all complaints or grievances from third-party individuals. Visually, the Auditor found information about the facility, telling all parties that they could file a complaint.

Indicator (f) Policy OP 866.1 describes the provisions for an emergency grievance. "Emergency Grievances are provided for Inmate reporting and expedited staff responses to allegations that an Inmate is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the Inmate to immediate risk of serious personal injury or irreparable harm. It is the duty of all corrections employees to be responsive to emergency grievances." The forms have tracking numbers to allow for systematic review by the administration and prevent them from being diverted. There were no grievances in the last 12 months related to sexual abuse or sexual harassment complaints filed as an emergency grievance. As noted in indicator (b), there is an immediate notification to the PCM and the Investigator, at which time an immediate assessment of the inmate's safety occurs. This will be documented in the grievance form, which is part of the investigation file. There were no allegations of sexual abuse filed as a regular or emergency grievance in the past year.

Indicator (g) Inmates can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed, even if they have not been filed through the grievance process. The facility grievance form has a location in which the Grievance Officer can document if he believes the individual is abusing the intent of the grievance process. An SIU Agent or the Intelligence Unit investigation would still occur to determine the bad-faith filing. The policy states, "Disciplinary charges may be brought against an Inmate for filing a grievance related to alleged sexual abuse only where the institution demonstrates that the Inmate filed the grievance in bad faith. The regional PREA Analyst and the facility confirmed they are very careful before imposing discipline, as it may prevent others from coming forward to report a PREA Concern.

Compliance Determination

Haynesville Correctional Center is not exempt from the exhaustion of administrative remedies. The Virginia Department of Corrections has a policy covering inmates' rights to seek administrative resolutions. There were no instances in which an emergency grievance was filed related to sexual abuse in the past year. Inmates interviewed knew they could file a PREA-related concern through the grievance process, but acknowledged it would not be as quick to resolve as telling a staff person directly or calling the PREA Hotline. Inmates report they can get assistance from other inmates in completing forms if needed. Compliance determination relied on the policy and interviews with the PREA Analyst, the Warden, the PREA Compliance Manager, the grievance officer, and random inmates who were aware of the

	grievance process as an avenue to report sexual misconduct concerns.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>MOU with Action Alliance</p> <p>Action Alliance Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with Action Alliance staff</p> <p>Interviews with Random Inmates</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Virginia Department of Corrections policy OP 038.3 Prison Rape Elimination Act</p> <p>requires the agency ensures a current MOU with a rape crisis organization. "The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide Inmates with access to free, confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA/ ADA Supervisor." The Haynesville Correctional Center provides access to the local rape crisis agency. Action Alliance will provide phone support and will assign staff or work with other local providers if the inmate requests face-to-face support. The Agency's employees are considered professional visitors status, allowing for confidential communication. Inmates can communicate by phone to Action Alliance</p>

utilizing #55 on the unit phones, which will not record the conversation. Haynesville Correctional Center does not house inmates on immigration violations. The resident knew there were services available through mental health, or they could call #55. Some inmates were unclear about the counseling capacity of the Action Alliance hotline, stating they didn't worry about PREA. The inmates knew they could report using #55, but some were less clear about the support option. The Auditor explained option #2 when dialing #55 to inmates with less familiarity who either acknowledged they did not pay attention because they have no concerns about PREA. Inmates report having received the same training at other Virginia DOC facilities before transferring to HCC. Virginia DOC has a universal process for reporting and getting outside emotional support across all its facilities.

Indicator (b) All inmates interviewed understood that calls to the Hotline would be reported back to the institution if they clicked option 1. If an inmate dials #55 and chooses option two, they can have confidential communication that will not necessarily be reported. All HCC inmates sign acknowledgment forms with health care staff as part of their service introduction for both medical and mental health services. Inmates also confirmed they understood communication with mental health staff would be confidential unless there was a danger to themselves or another person. Inmates were aware the phone calls were not recorded if they called the rape crisis agency. The Auditor confirmed that inmates and advocacy organizations are allowed professional visit opportunities. The auditor tested the phone system on multiple units to ensure the phone worked and was able to get through to the counseling hotline. The Auditor also spoke with volunteers who provide religious activities who knew that disclosures of inmates being victimized in the facility must be reported.

Indicator (c) The Department of Correction has a Memorandum of Understanding with Action Alliance covering Haynesville Correctional Center. The agreement is renewable. The Auditor was able to review MOUs dating back to 2014 and the annual renewal of the contract from 2015 through 2025. Because of the distance, Action Alliance would work with a local rape crisis agency to provide onsite support in person for victims if requested. The local community provider of sexual abuse crisis services is Haven Shelter and Services, including Haynesville. The agency's website confirms crisis counseling services for victims of sexual violence. Phone confirmation with hospital staff confirms that an Action Alliance member agency advocate would be allowed to do hospital accompaniments.

Compliance Determination:

Inmate victims at HCC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Action Alliance of Richmond, Virginia, to provide support to victims (Indicator (c)). Action Alliance is part

	<p>of a Coalition of Sexual Assault and Domestic Violence Services. As part of the audit process, the Auditor spoke by phone to an Action Alliance representative who confirmed their ability to provide service at DOC facilities directly or through its network of partners. The Services to Abused Families (SAFE) is the regional provider of crisis services. The Agency Investigator knew about the importance of offering the support of Action Alliance and its affiliates during the investigation and after its conclusion. The PREA Brochure and signage at the facility had a toll-free number for inmates to access from the unit phone in the facility.</p> <p>Requirements for compliance with this standard are covered by agency policy OP 038.3 Prison Rape Elimination Act. In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the Inmates who understood they could access services. Inmates could identify how confidential the communication is within the facility, including mail and telephone contacts. Inmates knew that an outside counseling staff could typically be spoken to in a professional visiting setting. During the tour, the auditor could see posters for Action Alliance as well as the painted numbers on unit walls to contact them. The auditor tested the critical functionality of inmates' ability to access Action Alliance on multiple units. The calls are not monitored and can be made without using their inmate number. Mail can be dropped in the box near the dining, and the residents confirmed access to indigent mail if they do not have funds.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Pre-Audit Questionnaire</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Virginia DOC Website (third-party reporting)</p> <p>PREA Posters on Housing Units</p> <p>Information on the PREA report Hotline</p> <p>forms for third-party reporting</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Random Staff Interviews</p>

Observation on tour

Summary Determination

Indicator (a) The Virginia Department of Corrections has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow Probationers, family, or friends. Information can be given in person, by phone, email, US mail, or by contacting the agency's PREA Coordinator through the agency website VADOC.Virginia.Gov. There is information directing Probationers in the PREA brochure, PREA poster, and on the website noted above. The staff was aware that they must take all reported concerns about PREA potential violations, including third parties. The facility phones allow inmates to dial out to the advocates free of charge. The agency's PREA policy addresses the standard, "Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders.

- a. If a third party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf as a condition of processing the request. The alleged victim will also be required to personally pursue any subsequent steps in the administrative remedy process.
- b. If the offender declines to have the request processed on their behalf, facility staff must document the offender's decision.
- c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public website."

The HCC has had no reported third-party reporting of sexual misconduct concerns. Signage in the facility and information in the inmate handbook and on the website supported informing individuals about third-party reporting. The PREA Office tracks all calls from third parties or those received through the Action Alliance.

Compliance Determination:

Virginia Department of Corrections has put in place multiple resources for inmates and families to report a PREA-related concern. The PREA Office is responsible for fielding all calls and emails, including third-party sources. As part of the audit process, the PREA Auditor tested the unit Phones to ensure the phone numbers on the poster could be accessed. Compliance is based on policy and the systems that the VA DOC has put in place to support the inmates. Random staff interviews further supported compliance as they knew they needed to report all third-party complaints regardless of source. The inmates interviewed confirmed they could report a PREA concern on behalf of another resident. Finally, the Auditor considered the options listed on the state's website for filing a PREA Complaint and the annual report delineating the number of calls by region and facility.

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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 038.1 Reporting Important or Serious Incidents</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 730.2 MHS Screening, Assessment, and Classification</p> <p>OP 801.6 Inmate Services</p> <p>Incident reports documenting the source of the complaint</p> <p>Virginia Department of Social Services Website</p> <p>Virginia Laws on Vulnerable Adults</p> <p>Documentation from investigative files.</p> <p>Memo from the Warden- tracking of PREA cases</p> <p>Individuals interviewed/ observations.</p> <p>Random Inmates</p> <p>Random Staff</p> <p>Warden</p> <p>HCC Investigators</p> <p>Medical and Mental Health Staff</p> <p>PREA Compliance Manager</p> <p>Summary determination.</p> <p>Indicator a). The Haynesville Correctional Center has trained its staff, contractors, and</p>

volunteers on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. Several policies direct staff on such expectations. PREA policy OP 038.3 (page 5) utilizes the language of the standard to set forth this expectation. It reads, "Any employee, volunteer, or contractor shall immediately report to their supervisor or the officer in charge 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 DOC; retaliation against Inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations, no matter the source or their personal beliefs as to the validity of the claim. The facility provided documentation of several cases in which anonymous, written, and third-party allegations of sexual abuse or sexual harassment led to investigations. The Auditor confirmed with both DOC and contracted staff that all allegations of past abuse in institutional settings must also be reported to the facility leadership. Contractors and volunteers were able to describe who they would notify if they became aware of an abuse situation.

Indicator b). The Department of Corrections policy OP-038.1 Reporting Important or Serious Incidents (page 5) states, "Apart from reporting to designated supervisors or officials, any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions." Similar language is found in two other VADOC policies. Random staff interviewed were able to voice the expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence. Investigative staff report they will protect the individual's confidentiality and report to the appropriate state agency if the victim was targeted, as they are covered under adult protective services.

Indicator c). Medical and mental health services providers in Virginia must report incidents of sexual abuse, sexual harassment, or information that would prevent such actions. Policy OP 730.2 states, "Before beginning the Sexual Assault Assessment, the Mental Health Clinician will advise the inmate/probationer/parolee of the practitioner's duty to report and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation in accordance with Operating Procedure 730.6, Mental Health Services: Confidentiality." The Auditor confirmed with medical and mental health staff that inmates are made aware of the limits of confidentiality. Random inmates interviewed understood the limits to confidentiality when speaking to medical or mental health staff. The inmates acknowledged they understood that if the information was related to the potential risk to them or another individual, it would be disclosed to facility investigators.

Indicator d). The facility does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the State Department of Social Services. The PREA policy states, "If the alleged victim is under the age of 18, aged, incapacitated, or is an inmate or CCAP probationer/parolee receiving services from a Licensed DOC Mental Health Program, the Facility Unit Head, or Administrative Duty Officer in their absence, is required to report immediately any alleged abuse to the local Department of Social Services." Virginia law (18.2-369) defines vulnerable adults as, " "Vulnerable adult" means any person 18 years of age or older who is impaired by reason of mental illness, intellectual or developmental disability, physical illness or disability, or other causes, including age, to the extent the adult lacks sufficient understanding or capacity to make, communicate, or carry out reasonable decisions concerning his well-being or has one or more limitations that substantially impair the adult's ability to independently provide for his daily needs or safeguard his person, property, or legal interests." A further review of the state's laws (63.2-1606) confirms that all staff and contractors at a Virginia correctional system are obligated to report abuse of vulnerable adults. In addition to those with professional certification, such as health care staff, the law states, "Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity." The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that there are additional charges that may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various Virginia websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Warden confirmed that no case in the last 12 months had to be reported to the Department of Social Services.

Indicator e). The Warden, PREA Compliance Manager, and facility Investigators confirmed that all allegations of sexual misconduct are reported to the facility's intelligence unit to initiate an investigation of the claim. If information supports a criminal act has occurred, the agency's Special Investigator Unit is then involved. PREA policy supports that all allegations are referred for investigation and also requires notification to the agency PREA Coordinator. During the audit process, the auditor looked at investigations completed at a facility level.

Compliance Determination:

The Virginia Department of Corrections has put into place policies that support the expectations of the standards. The language, consistent with the standard, is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The Haynesville Correctional Center staff and inmates have been educated on the expectations of

	<p>reporting and that all claims, no matter the source, should be investigated. Inmates and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical or mental health setting. The investigation files supported the idea that all claims, including third-party and anonymous claims, are forwarded for investigation. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor's interviews supported a staff that was well-trained in the expectations of the standard. The interview answers coincided with the documents reviewed, and all claims were forwarded to the investigative teams. A review of documentation supports that the Haynesville Correctional Center has investigated claims, no matter the source. The Auditor also found that they investigated all claims, including ones that may not meet the law's definitions or those that were filed anonymously. The Auditor also found that the investigative staff and facility administration understood their obligation to inform other organizations responsible for the rights of vulnerable adults.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 730.2 Medical Screening, Classification, and Levels of Care</p> <p>OP 830.6 Inmate Keep Separate Management</p> <p>Investigative Files reviewed</p> <p>Individuals interviewed/ observations made.</p> <p>Director of VA Department of Corrections</p> <p>Warden</p> <p>Random Staff</p> <p>Summary determination.</p> <p>Indicator a). The Department of Corrections has at its resources several options to ensure the safety of an inmate who is at imminent risk of sexual abuse. Policy OP</p>

038.3 sets expectations consistent with the standard. "When a staff member, contractor, volunteer, or intern learns that an inmate or CCAP probationer/parolee is subject to a substantial risk of imminent sexual abuse, the individual must notify their supervisor or the Shift Commander so that immediate action can be taken to protect the inmate or CCAP probationer/parolee" The expectation of reporting is also covered in the healthcare policy OP730.2, "The Psychology Associate will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined that the inmate is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization." The agency's policy OP 830.6 Inmate Keep Separate Management outlines different steps to be taken to ensure the safety of inmates, including in cases of imminent risk of sexual abuse. The process includes an immediate investigation of a situation, a separation of individuals, and formal classification notations of the situation. Random staff interviewed noted the responsibility to keep an inmate safe from potential abusers until the investigative team can arrive to review the situation further. An interview with the agency Director also confirmed the ability to move inmates if necessary to ensure safety. The investigator confirmed that they were on call and would report to the facility immediately. Documentation from the investigative files supports the practice of immediate separation of parties in the facility during sexual abuse allegations. There were no reported cases of an individual who was at imminent risk for sexual abuse in the past year. There were also no allegations of retaliation for filing or cooperating in an investigation of sexual misconduct.

Compliance Determination:

The Virginia Department of Corrections has in place both policy and appropriate resources to keep safe individuals at imminent risk of sexual abuse. As outlined in indicator a), there are several policies that direct steps to be taken to protect such individuals from sexual abuse. The Director and the Warden support the expectation that the response will be immediate upon learning of any inmate at imminent risk. The Warden reports that given the size of the facility, most situations of potential conflict can be resolved by moving one of the parties to another unit within the institution. They have been able to manage inmate conflicts without having to remove an individual from the general population unit to a special management unit. If a special management unit use is appropriate, the Auditor is told that the alleged aggressor would be sent to SMU before the alleged victim. The Warden confirmed the ability to move either party to another institution in cases where moving parties might not resolve the risk. Movements of this nature would involve the statewide Classification Unit staff and the Warden of another prison if an intersystem move was determined to be in the inmate's best interest. Sexual aggression may cause the alleged assailant to be moved to a higher security facility. Though Haynesville Correctional Center has not had to use this process for individuals at imminent risk, the Warden is confident in his ability to maintain an inmate's safety. The policies and Interviews completed support the ability of Haynesville Correctional Center to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has

	been met based on these factors.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 030.4 Special Investigations Unit</p> <p>Investigation files</p> <p>Memo from the Warden</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Analyst</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with the facility Investigator</p> <p>Interview with Warden</p> <p>Summary determination.</p> <p>Indicator a). The Haynesville Correctional Center administration, PREA Compliance Manager, and Investigator know that inmates who report abuse at prior institutions will have the complaint forwarded by the Warden to the previous facility's head. VA DOC PREA Policy OP 038.3 (page 9) states the following:</p> <p>"Any staff member, volunteer, or contractor who receives an allegation that an Inmate was sexually abused while confined at another facility must notify the Organizational Unit Head.</p> <p>i. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>ii. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p>

iii. The Organizational Unit Head or designee must document that it provided such notification.”

The Auditor confirmed through interviews with the above individuals that if current inmates claim abuse occurring in another facility (including ones outside the control of the DOC), the facility will be notified to allow an appropriate investigation to occur. The Regional PREA Analyst also confirmed that the DOC PREA/ADA unit would be notified. The Auditor was informed that there were no cases in the past 12 months alleging past abuse at other facilities.

Indicator b). As noted in Indicator a), the Virginia Department of Corrections Policy requires notification within 72 hours after the facility becomes aware of the alleged crime. The Warden of Haynesville Correctional Center was aware of the timeframe and the expectation required of him to notify the facility leadership where the crime allegedly occurred. There was no such notification in the past year to review documentation to support that the notification was completed in less than 72 hours.

Indicator c). The reported practice is that phone call notifications are followed up with email notifications and appropriate documentation to support any investigation.

Indicator d). In Policy OP 038.3 Prison Rape Elimination Act (page 9), the DOC sets forth the requirement of the initiation of an investigation if the Warden receives an allegation from another institution. “The facility head or agency office that receives the notification is responsible for ensuring that the allegation is investigated in accordance with the requirements of the Prison Rape Elimination Act National Standards.” The Warden of Haynesville Correctional Centers is aware of this requirement. The facility received one such notification from other institutions in the prior 12 months. The former inmate reported the abuse at a county jail, stating the alleged incident occurred in 2021. The Auditor was provided the investigation report, which confirmed the former inmate was interviewed, and the facility attempted to identify an aggressor as the victim did not remember many specifics. The PREA Analyst also receives notification from the facility when such notification happens.

Compliance Determination:

The Auditor finds the facility to be compliant with the standards' expectations. The Warden and the DOC Director are clearly committed to ensuring each inmate victim is offered a thorough investigation. The Warden was aware of the timeliness of notifications, and the facility provided documentation to support that Haynesville Correctional Center immediately investigates any allegation of past abuse received. The information provided supported that the Virginia DOC policy was followed after notification of sexual abuse from another institution. Interviews with the Director,

	Warden, and Facility Investigator, and documents provided, supported a determination of compliance.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 030.4 Special Investigations Unit</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 075.1 Emergency Operations Plan</p> <p>PREA Training Materials</p> <p>Individuals interviewed/ observations.</p> <p>Random Staff</p> <p>Medical Staff</p> <p>Summary Determinations:</p> <p>Indicator a). The PREA policy OP 038.3 of the Virginia Department of Correction sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy states, "Facility Staff Responsibilities.</p> <p>1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security a staff member to respond to the report will be required to:</p> <p>a. Separate the alleged victim and abuser to ensure the victim's safety.</p> <p>b. Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence and.</p> <p>c. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period</p>

that still allows for the collection of physical evidence

d. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

e. If the first staff responder is not a security staff member, the responder will be required to ensure the victim's safety, request that the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC."

Interviews with random staff supported the idea that they were trained in the expectations of the first responder's duties. The staff was able to provide steps they would take consistent with the policy statement above and the training materials reviewed as part of 115.131. The Auditor also reviewed the Emergency Operations policy OP 075.1, which uses the same language as stated above. No security staff had to respond to a sexual assault incident in the past year where penetration was alleged.

Indicator b). Interviews with non-security staff, including case management, vocational, and medical staff, confirmed they knew how to protect evidence and act as a first responder. The Virginia Department of Corrections trains all facility staff on the first responder's expectations. Nonsecurity staff and contracted staff are provided the same training that the DOC staff receive annually. Training records and their ability to state the first responder's duties support an understanding of how to protect the inmate and the evidence. No non-security staff member has to respond to a sexual assault allegation.

Compliance Determination:

The facility did not have any custody staff available who had acted as a first responder to a case of sexual abuse in the past 12 months. Most allegations of sexual abuse received in the past year were anonymous or reported through the hotline. The allegation would not have resulted in forensic evidence, and there was no SANE exam. The random staff interviewed support that they have an understanding of the facility's efforts to protect inmates who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on inmates until a Sexual Assault Nurse Examiner could see them. All Staff also knew the importance of thorough documentation of the incidents and maintaining confidentiality about the incident, except those staff who needed to ensure care and support the investigative process. The Auditor based the determination of compliance on the policies in place, the documents supporting the process, and the interviews with staff.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Haynesville Correctional Center PREA Plan</p> <p>The VA DOC PREA Response Checklist</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>Investigative files</p> <p>Individuals interviewed/ observations made.</p> <p>Warden</p> <p>PREA Coordinator</p> <p>Medical staff</p> <p>Unit Manager</p> <p>Mental Health</p> <p>Investigators</p> <p>Summary determination.</p> <p>Indicator a). The Virginia Department of Corrections has put language into the agency's PREA policy, requiring a response plan and a checklist consistent with the standard's expectation. "Each Facility Unit Head or designee will develop a written plan to coordinate the actions taken staff by first responders, medical practitioners, Mental Health Clinicians, investigators, and facility leadership in response to a sexual abuse incident; see Sexual Assault Response Checklist 038_F6" The PREA policy and the agency PREA response checklist provide facilities direction in the development of a plan. The Auditor reviewed the 16-page plan, which discusses the roles of the first responder, the medical staff, the investigators, facility administrators, and the PREA Compliance Manager. The document also states that when the Warden, the Administrative Duty Officer, and PCM are notified, as well as notification to the DOC PREA Office. The step-by-step plan provides staff with direction during the crisis and, when accompanied by the response checklist, allows for a thorough and consistent response to a sexual assault incident. The plan also included phone numbers to call</p>

	<p>and addresses of medical facilities to be used. There Is also a corresponding checklist to ensure consistent application of the policy expectations. The Auditor was able to see the companion checklist in the investigative files reviewed. The Auditor also spoke with various staff in specialized roles who confirmed knowledge of the plan and how their respective jobs have a role in the facility's response to incidents of sexual abuse.</p> <p>Compliance Determination:</p> <p>The Auditor has reviewed the policies and the Haynesville Correctional Center PREA Response Plan to determine compliance. The plan provides direction for a consistent multi-disciplinary response to the sexual assault, which provides for the inmate victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The plan is available to supervisory staff, and interviews with the Warden PREA Compliance Manager and other staff support swift communication between all facility leadership levels and quick notification and support from the agency's PREA/ADA office. Interviews, observations, and the documents presented supported the fact that the facility is compliant with standard expectations.</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>Policies and written/electronic documentation reviewed.</p> <p>Virginia Code §40.1</p> <p>OP 135.1 Standard of Conduct</p> <p>Memo from PREA Coordinator</p> <p>Individuals interviewed/ observations.</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p>

Indicator a). The Auditor was provided information from the DOC PREA Coordinator supporting that there is no collective bargaining. The documentation quotes state law Virginia Code §40.1 - 57.2: “No state, county, city, town, or like governmental officer, agent, or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service.” To further support the Department of Correction's ability to protect the inmate victim from an alleged staff abuser, the Auditor reviewed OP 135.1 Standards of Conduct. In this policy (page 11), the DOC sets forth the ability to place an employee on administrative leave during an investigation.

“A. Immediate Removal from the Workplace for Disciplinary Reviews or Administrative Investigations

1. Management may immediately remove an employee from the workplace without providing advance notification when the employee’s continued presence

a. May be harmful to the employee, other employees, and/or an inmate/probationer/parolee.

b. Hinders the agency’s ability to conduct business operations.

c. May hamper or interfere with an internal investigation into the employee’s alleged misconduct and/or may hamper an external investigation being conducted by law enforcement for alleged criminal charges and/or civil matters that are relevant to the employee’s performance of assigned job duties; and/or

d. May constitute negligence in regard to the agency’s duties to the public and/or other employees.” The Interview with the agency Director confirmed that there is no collective bargaining in DOC employment, and the agency reserves the right to place an employee, contractor, or volunteer out of a facility during an investigation of sexual misconduct. The Warden confirmed his ability to remove any individual’s access from the institution including staff, contractors, and volunteers.

Indicator b). The Auditor is not required to review this provision.

Compliance Determination:

The Auditor has confirmed that the Haynesville Correctional Center does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard expectations. This conclusion was based on the VA. State Code, DOC Policy, and interview with facility and agency leadership.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – 038.3 Prison Rape Elimination Act</p> <p>Policy – 075.7 Critical Incident Peer Support Team</p> <p>Policy – 135.1 Standards of Conduct</p> <p>Policy – 135.2 Rules Governing Employee Relationships with Offenders</p> <p>Blank Retaliation Monitoring forms (staff and Offender)</p> <p>Examples of monitoring.</p> <p>Warden Memo</p> <p>Individuals interviewed/ observations.</p> <p>Warden</p> <p>Major</p> <p>PREA Compliance Manager</p> <p>Inmates who had filed complaints</p> <p>Summary determination.</p> <p>Indicator a). The Virginia DOC PREA policy OP 038.3 states, “All staff and Inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other Inmates or staff.” The policy language ensures a process for protecting those who report or participate in an investigation of a PREA incident. The policy goes on to identify the individual responsible for monitoring these individuals at a facility level. The policy states, “For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of Inmates and staff who reported sexual abuse or cooperated with a sexual abuse investigation and 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, and will act promptly to remedy any such retaliation.” The Auditor confirmed with the</p>

PREA Compliance Manager and the Warden the individuals responsible for monitoring Haynesville Correctional Center inmates and staff. The PREA Compliance Manager is the individual who is responsible for monitoring inmates who report or cooperate in an investigation. The PCM is the Institutional Operations Manager and has access to disciplinary records of inmates and can access information from Unit Managers. The Warden and Major acknowledged they would be responsible for monitoring staff who brought about a PREA allegation of a coworker.

Indicator b). OP 038.3 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. "Multiple measures are available to protect staff and Inmates from retaliation; such measures include 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 and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." An interview with agency and facility leadership confirms the agency's commitment to ensuring the safety of inmates who file a PREA complaint. The Auditor confirmed with individuals that unit management allows for routine direct communication and observation of a detainee victim or individuals who cooperated in the investigation. The facility has the PREA Compliance Manager as the monitor of retaliation for all inmates. The PCM will work with unit management to obtain updates on the victim or others who cooperated in the investigation of sexual abuse.

Indicator c). Consistent with the standard expectation, the DOC policy requires monitoring to be for at least 90 days. The PREA policy states, "For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of Inmates and staff who reported sexual abuse or cooperated with a sexual abuse investigation, and 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, and will act promptly to remedy any such retaliation. a. Items to be monitored include any Inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. b. The PREA Compliance Manager must continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 2. In the case of offenders, such monitoring will also include periodic status checks." The Auditor confirmed the requirements of this indicator with the PREA Compliance Manager. There were no substantiated cases of sexual abuse at the Haynesville Correctional Center in the past year that were tracked. The facility Investigators also monitor inmates for retaliation during the investigative process, even in cases of sexual harassment. In 2024, the Haynesville Correctional Center had 85% of its sexual abuse or sexual harassment allegations made anonymously. Absent a victim in these cases, there is no victim to monitor. Allegations against staff were investigated related to staff completing the duties on tour or pat searches of inmates leaving the dining area. These investigations were reviewed during the site visit as the outcomes included findings

that were unsubstantiated, unfounded, or determined not to meet the PREA definition of abuse or harassment. Retaliation monitoring in an inmate-on-inmate sexual harassment case was provided. The Auditor also reviewed cases where allegations against staff were completed and where the facility completed monitoring of an inmate until the finding was unfounded.

The facility also has similar forms for monitoring staff. The Warden confirmed that Senior Leadership staff would be responsible for the continued monitoring of staff who reported or cooperated in an investigation of sexual abuse.

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Indicator d). As noted in indicator c), the monitoring will include periodic status checks. Interviews with the PREA Compliance Manager confirmed that she would monitor residents and has previously done check-in conversations with inmates. The PCM also reported she would look at disciplinary actions and bed changes as well as make visual observations of the inmate's interactions with peers and staff. She can do this directly in the unit and will seek input from unit managers, line staff, and treatment staff.

Indicator e). As noted in indicator b), the protection measures would include steps taken to protect staff cooperating in an investigation on PREA. The Agency policy OP 075.7 Critical Incident Peer Support Team defines additional staff supports available to staff. The Policy states, "Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and are in need of or request emotional support services should be referred to the Employee Assistance Program (EAP)." No staff was required to be monitored for retaliation for making a PREA Allegation against another staff or cooperating in an investigation of that nature. The Warden and the Major would be responsible for monitoring facility staff. As noted above, the facility and agency have measures to monitor staff cooperating in an investigation.

Indicator f). The Auditor is not required to consider this indicator

Compliance Determination:

The Auditor was provided with a policy that matches the standard expectations. The documentation provided showed that the process described in the policy has been operationalized. Interviews with the Director of the Department of Corrections and the

	<p>Warden support the expectation of protecting individuals from retaliation. The Auditor reviewed tracking forms to be used when incidents of sexual abuse have been either substantiated or unsubstantiated. The Auditor also took into consideration that most inmates spoken with confirmed they have routine access to the management staff. The PREA Compliance Manager and the facility Investigator were both aware of the expectations in monitoring for retaliation. Compliance is based on policies, supporting documentation, interviews with agency and facility administration, and with inmates. The culmination of these factors supports compliance with the standards and expectations.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 425.4 Management of Bed and Cell Assignment</p> <p>OP 830.5 Transfers and facility reassignments</p> <p>Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form</p> <p>Memo from the Warden</p> <p>Individuals interviewed/ observations made.</p> <p>Warden</p> <p>PREA Coordinator</p> <p>Major</p> <p>Staff on Special Management Unit.</p> <p>Summary determination.</p> <p>Indicator a). The Virginia Department of Corrections policy addresses the need to protect victims after making an allegation of sexual misconduct. Policy OP 830.5 Transfers, Facility Reassignments, requires that inmates alleged to have suffered sexual abuse should not normally be placed in segregation or specialized housing without their consent unless it has been determined that there are no available</p>

alternative means of separation from likely abusers. "Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in a Restorative Housing Unit without their consent unless it has been determined by a Psychology Associate, in consultation with the Shift Commander and Regional PREA Analyst, that there are no available alternative means of separation from likely abusers." In addition, the policy requires the facility classification team to complete the assessment of alternative housing options before placing the individual in involuntary segregation. The policy goes on to state that this assignment to segregation/restrictive housing shall not ordinarily exceed 30 days.

In interviews with the Warden, he reported it is not the practice of the facility to place victims of sexual abuse in protective custody against their will. The facility has options for moving inmate who has conflicts internally or with the support of the DOC classification options, including transfer, will be assessed. The DOC policy allows for placement if there is no other option. In considering this, the facility is required to document its efforts in a form called Sexual Abuse/Sexual Harassment Available Alternative Assessment. A review of policy OP 425.4 Management of Bed and Cell Assignment indicated all Inmates identified as alleged victims of sexual abuse (HRSV) should be checked to determine the need for continued separation from the general population. The policy states, "Inmates identified as HRSV or Inmates alleged to have suffered sexual abuse or sexual harassment will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers." The Virginia DOC has also developed a required form to document the various alternatives considered before involuntarily placing a person in the Restrictive Housing Unit.

The PCM, Warden, and the Major confirmed there were no cases where protective custody was used to ensure the safety of a sexual abuse victim or an individual who believed they were at imminent risk of being abused.

Compliance Determination:

The Haynesville Correctional Center has not utilized segregated housing units to protect inmates from sexual abuse. The Auditor confirmed this has not occurred in the past year with the Warden and the staff working on the unit. The DOC has a policy in place that is consistent with the standard requirements, showing at both the facility and state levels that segregation is the last solution. The agency's PREA Coordinator is kept aware of any individual placed in involuntary segregation for risk of sexual victimization. The Policy requires notification by facility staff to the regional PREA Analyst. Based on the review of the agency policy, observations, and information obtained through staff interviews and documentation review, the Auditor has determined the facility complies with standard expectations.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 030.4 Special Investigations Unit</p> <p>Sexual Assault Response Plan</p> <p>Investigative matrix</p> <p>SIU and facility Investigator Training</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Regional PREA Analyst</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Warden</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) The Virginia Department of Corrections has trained law enforcement staff, and as such, the agency is responsible for both criminal and administrative investigations. In policies OP 038.3 and 030.4, the agency set forth the responsibilities of the investigative team, including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken in addition to the reasoning behind the findings. The policy states, "All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The facility investigator will make an initial assessment of the situation. "Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit, which has the legal authority to conduct criminal investigations." Random staff interviewed supported the idea that they must report all claims, no matter the source or if they believe the incident to</p>

have occurred. Interviews with the facility investigator confirmed that all allegations were reviewed. Investigative files support administrative investigations that have occurred in the past year. One case was referred to the Special Investigations Units as a potential crime, but the case is still pending. The auditor spoke with the criminal investigator about the steps they have taken during the investigation, the interview completed, the evidence reviewed, and communication with court personnel.

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Indicator (b) From the record provided in 115.34, the Virginia DOC reports that they employ 25 approved criminal investigators. Haynesville Correctional Center has an Intelligence Unit staff trained who would be required to respond to sexual assault complaints to protect and collect evidence. The Intelligence Unit has three trained staff who would complete administrative investigations. The Investigators and Supervisor confirmed that they responded immediately to allegations of sexual misconduct. The Auditor reviewed files with one of the intel officers, who described how the facility notifies the unit when an allegation occurs. The officer described the initial directions they requested to be taken if they were responding from outside the facility. The Intel investigator supports the fact that the process is objective, and they do not enter with any preconceived notion based on an individual's position as a staff member or inmate in determining the outcome. Instead, they base their findings on factual information and the statements of the individuals involved and the witnesses. The auditor was able to go through several case files to get an understanding of the process that was consistent with the agency's policy expectations. In addition to interviews and reviews of written reports, the investigator described how they reviewed video, inmate call records, and historical information from current and past institutional stays. The investigator was able to relate information provided in their training and how it has been applied during the investigative process. Intel investigators take the NIC training for Investigating sexual abuse in a correctional center. The PREA Office of the DOC provided NIC investigation training, including the intel staff of HCC.

The one SIU investigation reviewed also supported an understanding of the process consistent with the Department's expected investigative process. The SIU staff described the additional training they undergo as law enforcement officers in Virginia. The nature of the alleged abuse and the length of time did not result in a forensic exam or collection of DNA evidence. The SIU Investigator confirmed other evidence collected in the course of their investigation. The SIU has assigned investigators to respond to criminal activity, including sexual abuse allegations at each DOC facility in the region.

Indicator (c) Investigative staff interviewed, inmates who were part of an investigation confirmed, and investigative files reviewed supported the requirements of this indicator. Intelligence Unit members for HCC know how to collect evidence from a crime scene to ensure the preservation of evidence, including DNA. They will work with the assigned Special Investigators Unit staff in criminal cases. The Virginia

DOC trains all line staff to preserve evidence, including locking of potential crime scenes and encouraging the victim not to do anything that would potentially degrade the quality of the DNA evidence. As noted in 115.21, forensic exams of the victim would not occur at HCC but at a local hospital with SANE-trained nurses. The investigation file also confirms that the interviews of the victim, alleged perpetrator, and witness are done routinely as part of the investigation. The investigation policy (030.4 page 11) states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." Reviews of the investigative files support the idea that video and audio recordings are reviewed, as are interviews with the victim, alleged perpetrator, and witnesses. The Investigators spoke with support that they look at past behaviors/allegations as part of credibility assessments. File reviews completed by the auditor supported the fact that the investigators consistently followed stated practice, including interviewing primary individuals identified in the case as well as both staff and inmate witnesses. Written statements and video reviews were also documented in the case files. All records are kept electronically and are siloed from others being able to see the information. In addition to interviews with all parties present, they will also ask for written statements. The Auditor was able to see these and the summary notes from the interviews.

Indicator (d) The investigator supports SIU's ability to complete compelled interviews in criminal cases and that they would work closely with the local prosecutor on the case. Policy 030.4 describes the expected interactions with the prosecutorial authorities (page 11). "When the quality of evidence appears to support a criminal prosecution, the agency will conduct compelled interviews only after consulting with Commonwealth's Attorneys as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.." None of the current criminal investigations required the use of compelled interviews. The SIU investigator spoke with confirmed that they will have regular contact with the local prosecutor before having a compelled interview.

Indicator (e) The investigator interviewed confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what the policy requires (030.4). "The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate/probationer/parole or staff. No agency will require an inmate/probationer/parole who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation." Investigators discussed looking at the consistency of statements and how statements compare with video evidence before considering past allegations/incidents. The investigator supported an individual's status as staff or inmate is not

used to determine the validity of statements.

Indicator (f) All criminal investigations potentially can include a referral for an administrative review if the evidence supports that a staff person's actions or inactions led to an inmate-on-inmate sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All completed administrative investigations must have a related investigation file, which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. As the facility's Intelligence Unit completes an initial assessment to determine if there were potential criminal acts they to can identify administrative concerns that would warrant further investigation. The investigator would review the staff's actions or inaction that led to the reported abuse. Policy 030.4 sets forth the requirement of administrative investigation to assess staff actions. "Must include an effort to determine whether staff actions or failures to act contributed to the abuse."

Indicator (g). All criminal investigations the SIU investigator completes result in a written report as required in the agency's related policies. The Administrative investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow for the tracking of information obtained. Agency policy defines expected reporting requirements for administrative investigations. "K. Administrative investigations (§115.71[f], §115.271[f])

1. Must include an effort to determine whether staff actions or failures to act contributed to the abuse.

2. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy 030.4 Special Investigations Unit (page 11) states, "When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. " The Policy goes on to state, "Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal will be referred for prosecution." This expectation was confirmed in the interviews with investigative

staff.

Indicator (i) The Virginia Department of Correction's record retention requires a greater retention period than 5 years beyond the separation of the parties from the institution. This was confirmed through the investigator's interview. Policy O38.3 defines the requirements consistent with the standard: "All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise."

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The investigation policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." The SIU staff are trained law enforcement officers, as defined by the state of Virginia, with full police authority to go outside the institution to continue to pursue information related to the case.

Indicator (k): The Auditor is not required to audit this provision.

Indicator (l) This indicator does not apply as noted above; the Virginia DOC has full authority to complete criminal investigations in its facilities.

Compliance Determination.

The Virginia Department of Corrections requires all incidents to be investigated promptly upon notification to staff. The agency's PREA policy and Investigative policy require prompt investigations of sexual abuse and sexual harassment in VA DOC facilities. In determining compliance, the Auditor took into consideration many factors. The Haynesville Correctional Center and the VA DOC have sufficient and appropriately trained individuals who can complete sexual assault investigations. Virginia DOC investigates all potential sexual-related incidents as possible PREA events, even if the inmates report the actions were consensual. Investigative files reviewed include cases initiated through staff reports, inmate reports, and third-party reports of potential sexual misconduct. In doing so they ensure all incidents are investigated and evidence collected, which provides an opportunity for a reluctant victim to come forward later.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the

	<p>initiation of an investigation. Consistent with policy, it was stated that investigative reports would be completed on all administrative and criminal investigations.</p> <p>The Auditor reviewed 22 investigative files from incidents at HCC in 2024-25 as part of the audit process. The auditor found consistent reports with physicals, testimonials, and evidence documentation used to determine the outcome. In determining compliance, the Auditor considered the stated information found in policy, actual investigative files, and interviews with the investigative staff and inmates who had been involved in the investigations.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy OP 135.2 Rules of Conduct</p> <p>Warden Memo</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with facility Investigator</p> <p>Summary determination.</p> <p>Indicator (a) Virginia DOC Policy OP 135.2 Rules of Conduct states, “A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The facility investigator confirmed this standard. In the review of several case files, the facility Investigator discussed in the cases reviewed how the investigators came to the conclusion. The facility Intel Unit will handle most administrative investigations unless the allegation is against a staff, which the SIU will complete. Interviews with the facility investigator also confirmed that there is no higher standard in determining the outcome than in determining the preponderance of the evidence. She described the process in determining whether there was a greater likelihood the allegation occurred than it did not in determining whether to substantiate a case. The agency report format provides a comprehensive review of facts used in making a determination. The report includes evidence considered, credibility assessments, evidence collected, interviews, and video or other electronic data. The entire Intel unit provided feedback on the investigation</p>

	<p>process, including how they have continued to pursue information to make a clear determination in cases, including the large number of anonymous allegations.</p> <p>Compliance Determination</p> <p>The Department of Corrections has staff trained in the investigation of Sexual Assaults at the state correctional facilities, as noted in 115.34. The facility investigative staff reviewed PREA case files with the Auditor and described the process for a criminal case and the process for an administrative investigation. The Investigator was able to explain how they determine the outcome of administrative cases based on the preponderance of the evidence. Compliance was based on the policy, the investigation files reviewed, and the interview with the investigative staff.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 030.4 Special Investigations Unit</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>Investigation files</p> <p>Individuals interviewed/ observations.</p> <p>Interview with the Facility Investigator</p> <p>Interview with the PREA Compliance Manager</p> <p>Summary determination.</p> <p>Indicator (a) Virginia DOC provides notification to all inmates on the outcome of their investigations into sexual misconduct. The agency policy OP 030.4 Special Investigations Unit page 11 requires, "Upon completion of the investigation, the inmate and CCAP probationer/parolee will be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. SIU should</p>

report to the Facility Unit Head to inform the inmate or CCAP probationer/parolee as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.” The interview with the Investigator supports that she comes to one of these three conclusions in all sexual abuse or sexual harassment cases. At Haynesville Correctional Center, the outcome of all investigations is reported to the inmate by the investigators. None of the allegations alleged acts were determined to be sexual abuse.

Indicator (b) This indicator does not apply as Virginia DOC completes criminal and administrative investigations at all DOC facilities. The Virginia Department of Corrections employs a Special Investigation Unit that can complete criminal investigations while the Intel Unit conducts initial reviews and administrative investigations.

Indicator (c) The policy OP 038.3 Prison Rape Elimination Act uses language consistent with this standard indicator to define the information that must be notified to the inmate victim. The policy states, “Following an offender’s allegation that a staff member committed sexual abuse against the

offender, the PREA Compliance Manager or investigator must subsequently inform the offender

whenever:

i. The allegation has been determined to be unfounded

ii. The allegation has been determined to be unsubstantiated

iii. The staff member is no longer posted within the offender’s unit

iv. The staff member is no longer employed at the facility

v. The DOC learns that the staff member has been indicted on a charge related to sexual abuse

within the facility

vi. The DOC learns that the staff member has been convicted on a charge related to sexual abuse

within the facility.” The Auditor reviewed cases from the past 12 months of potential notifications made to inmates at Haynesville Correctional Center. All sexual abuse allegations were cases in which no victim was identified to be noticed. One criminal investigation was referred for criminal investigations but was pending at the time of the site visit. The employee is not longer employed at the facility.

	<p>Indicator (d) The policy language in OP 038.3 covers the required notification for an inmate on inmate sexual abuse cases. "Following an offender's allegation that they have been sexually abused by another offender, the PREA Compliance Manager or investigator must subsequently inform the alleged victim whenever:</p> <ul style="list-style-type: none"> i. The allegation has been determined to be unfounded ii. The allegation has been determined to be unsubstantiated iii. The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility iv. The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility <p>The Auditor was provided examples of investigation outcome notification made by the PREA Compliance Manager.</p> <p>Indicator e). The Haynesville Correctional Center provides each inmate with a written letter on the outcome of their investigation. The letter explains what the words substantiated, unsubstantiated, and unfounded mean. Each inmate is asked to sign the letter so there is documentation of the inmate being made aware of the findings.</p> <p>Compliance Determination:</p> <p>The Auditor was able to review documents in investigative files that support inmate notifications. The Auditor reviewed both sexual abuse and Sexual Harassment allegations to confirm the inmates are notified of investigation outcomes. The document also supports the ability to notify them when staff or inmate perpetrators are no longer at the facility and when there are inditement and convictions. The Auditor finds the facility in compliance with the standard based on policy, the documentation, and interviews with the investigator and the PREA Compliance Manager.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Haynesville Correctional Center Pre-Audit Questionnaire

OP 038.3 Prison Rape Elimination Act

OP 135.1 Standards of Conduct

OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders

Warden Memos

Individuals interviewed/ observations made.

Interview with Human Resources

Interview with Warden

Interview with Facility Investigator

Interview with SIU Investigator

Summary determination.

Indicator a). The Virginia Department of Correction has policies that govern staff conduct and sanctions for violation. OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders

(page 6) states: "Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, Standards of Conduct. Termination will be the presumptive disciplinary sanction for staff who engage in sexual abuse." As the Auditor has learned, Group III violations are considered the most serious offenses. Page 19 of the policy describes group three conduct as "These offenses include acts and behavior of such a serious nature that a first occurrence normally should warrant termination." Number 24 on the list of Group III violations is Sexual Misconduct with Inmates/probationers/ parolees. The Agency Director confirmed that staff can be terminated for such actions. Memos were provided confirming that there was no staff disciplined in the past year, referred for prosecution, or notice to any licensing body for sexual misconduct cases.

Indicator b). The Department of Corrections policy OP 135.2 goes on to state, "Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse." As noted in indicator a), the Auditor confirmed with the Human Resources staff that employees engaging in the sexual abuse of inmates will be terminated. There were no incidents of staff being terminated in the last 12 months at Haynesville Correctional Center for sexual abuse of an inmate. The policy

	<p>also states that staff who engage in sexual acts with inmates will be charged with a felony in addition to termination. In one criminal case, the staff person resigned once the allegation came to light and the case was turned over to the criminal investigation unit.</p> <p>Indicator c). The Department of Corrections policy OP 135.2 states, “Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be 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” The Warden reports there have been no incidents of staff who have been disciplined for sexual harassment of inmates.</p> <p>Indicator d). Policy language addresses the standard indicator when it states, “All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies unless the activity was clearly not criminal.” As noted in 115.71, the Haynesville Correctional Center has access to a criminal investigator who is considered law enforcement in the state of Virginia with full powers of arrest. The SIU criminal investigators have the power to pursue the investigation outside the institution if an inmate has been released or if a staff member quits before being terminated. The facility administration confirmed that staff or contractors who have licenses will have the misconduct reported to the governing body responsible for their licenses.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has in place the appropriate resources to thoroughly investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has in place the ability to terminate staff for first offenses of sexual abuse of inmates. Policies in place and interviews with the support compliance. Since the facility has not disciplined a staff member, there was no file to review.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Haynesville Correctional Center Pre-Audit Questionnaire

OP 027.1 Volunteer and Internship Program

OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders

Memos from the Warden

Contractor and Volunteer Orientation

Individuals interviewed/ observations.

Interview with Investigator

Interview with PREA Compliance Manager

Interviews with Contractors/Volunteers

Summary determination.

Indicator a). The Virginia Department of Corrections has trained contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of an inmate. Interviews completed with contractors and volunteers show they were aware of the standard of conduct, including that individuals who engage in such misconduct can be immediately barred from access to the institution and may be referred for criminal prosecution based on the type of misconduct. Agency policies OP 027.1 and OP 135.2 state, "Any contractor or volunteer who engages in sexual abuse of Inmates must be prohibited from contact with Inmates and must be reported to any relevant licensing bodies by the DOC PREA Coordinator and law enforcement agencies unless the activity was clearly not criminal. The DOC will take appropriate remedial measures and will consider whether to prohibit further contact with offenders in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer." The Investigator confirmed, as noted in 115.71, that the governing body would be notified if the contractor or volunteer is a licensed professional. In the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in the sexual abuse of inmates. Memos from the Warden support that there have been no sexual abuse cases involving contractors or volunteers. Interviews with contractors and volunteers support their understanding from the training that all sexual misconduct will be investigated and could lead to criminal charges.

Indicator b). As noted in indicator a), non-criminal violations of the agency's standard of conduct would have to be reviewed by facility management before the individual

	<p>can regain access to the facility. Policy on volunteer and interns OP 027.1 (page 12) stated, "In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders." There have been no allegations against any contractor or volunteer in the past 12 months that would require the warden to order a person's access to be halted. The Warden would review the investigation to determine if identified violations of policy required the individual not to have access to inmates.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has sufficient policies to ensure if a victim or contractor engages in sexual misconduct, the case will be investigated, the inmate will be protected by halting the alleged perpetrator's access to the facility, and notifications will be made to the appropriate licensing bodies. Policy language also informs individuals about criminal charges that may result from sexual misconduct. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Supporting the information provided, the Auditor took into consideration the training and interviews with contractors and volunteers who were aware of the consequences of engaging in sexual harassment or sexual abuse of inmates. The individuals the Auditor spoke with understood that individuals could be banned from access and risk prosecution based on the type of misconduct engaged in. At HCC, many of the contracted staff were former DOC staff, so they clearly understood PREA expectations. Compliance absent a disciplinary case is based on policy and interviews.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 820.2 Reentry Planning</p> <p>OP 830.3 Good Time Awards</p> <p>OP 861.1 Inmate Discipline, Institutions, and Operating Procedures</p>

Individuals interviewed/ observations made.

Interview with the Regional PREA Analyst

Interview with the Warden

Interview with the PREA Compliance Manager

Summary determination.

Indicator a). Virginia Department of Corrections policy OP 038.3 Prison Rape Elimination Act states, "Sexual harassment, assault, and abuse by incarcerated Inmates is prohibited and subject to disciplinary action per Operating Procedure 861.1, Inmate Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program, and may result in criminal charges." A review of policy OP 861.1 finds that Sexual Assault is defined as a Class 1 offense, as is making false statements against staff and making or performing lewd or obscene acts. The policy describes the various steps in the disciplinary process and the potential consequences that can be assigned. The Sexual Assault definition in the policy also has a statement requiring the referral to the counselor for a reassessment of the individual risk level as it relates to the PREA screening.

Indicator b). Sanctions for an inmate in the institution are required to be similar to other inmates with similar histories. Policy OP 861.1 Inmate Discipline, Institutions, and Operating Procedures states, "In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other Inmates with similar histories." Discussions with facility leadership confirmed that violent Inmates may be required to return to a higher level of custody. Level two offenses, which include engaging in sexual acts by consent, could result in consequences in the facility. The policy structure allows for a range of sanctions that the discipline committee can consider, ensuring the consequences are similar to other individuals who have committed similar acts in the facility.

Indicator c). Policy OP 861.1 defines steps required to be taken if the inmate who is the potential subject of discipline has a mental disability or illness. The policy defines the committee's steps before having a disciplinary hearing. Action includes having the inmate's case reviewed by a Qualified Mental Health Professional (QMHP) who can provide a clinical impression of the inmate, the ability to understand their actions or the hearing process, and how actions such as specialized housing may impact their institutional stay. There have been no reported cases of inmate discipline at Haynesville Correctional Center in the past year. Memos were provided by the Warden confirming no discipline cases have occurred in the past year for sexual abuse.

Indicator d). Inmates at Haynesville Correctional Center can receive individualized counseling on the underlying causes of their sexual misconduct. The facility does not have a specific program for sexual offenders, and those services reportedly are more available in other DOC facilities. Indicator (b) notes that an inmate who engages in sexual abuse would likely be moved to a higher-level facility. Mental Health staff confirmed that they can complete an assessment of this standard concern. The discipline policy goes on to require consultation with mental health prior to having a hearing.

“1. Prior to scheduling a time for the accused to meet with an advisor, the Hearings Officer will verify a Mental Health Clinician has been contacted to meet with an accused inmate if the inmate is: Assigned to a Mental Health Unit. Housed in Restorative Housing for a mental health reason, e.g., suicide watch. Assigned to a Mental Health Code of MH-2S or higher. Who may be cognitively or mentally impaired in the general population.

2. If the accused inmate qualifies but has not met with a Mental Health Clinician, the Hearings Officer should contact a Mental Health Clinician to meet with the accused as soon as practicable.

3. Once the Hearings Officer verifies contact with a Mental Health Clinician, the Hearings Officer will ensure a completed Disciplinary Offense Mental Health Screening 861_F2 is attached to the Disciplinary Offense Report. (115.78[c])”

Indicator e) Agency policy does not allow for the discipline of inmates who engage in sexual contact with a staff member unless it is proven the staff did not consent. Policy OP 861.1 under definitions of disciplinary actions is the following. “Making sexual advances, either physical, verbal in nature, or in writing toward a nonoffender without their consent.”

Indicator f) OP 038.3 defines when an inmate can and cannot be disciplined for filing a PREA complaint in bad faith. The policy states, “Any Inmate who makes a report of offender-on-inmate sexual violence or staff sexual misconduct or harassment that is determined to be false may be charged with a disciplinary offense if it is determined in consultation with the Regional PREA Analyst that the report was made in bad faith. Inmates will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying.” There have been no cases in the last year. Agency policy (OP 861.1) describes the process to ensure only those reports purposefully filed in bad faith are disciplined. “Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints

	<p>against employees. This offense aims to prevent Inmates from fabricating charges against corrections employees. Before this offense can be brought, an impartial third party must investigate whether there are any facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the Inmate who made the allegation and the employee who is the subject of the allegation.” As noted in another standard, inmates at HCC had been making reports of sexual misconduct anonymously without naming a victim. The Inmates interviewed complained about peer abuse of the reporting system. They believed that it was to manipulate a peer's removal from the unit. The intel unit believed there was a rash of false allegations, but because of anonymous reporting, no one could be held responsible. The facility and the PREA Office have adjusted the immediate response plan to these allegations to reduce the overall number of moves. This has resulted in a drop of unknown victim allegations in 2025.</p> <p>Indicator g) Haynesville Correctional Center does not allow consensual sexual contact between inmates. Inmates whom the Auditor spoke to understand that such behavior may result in disciplinary actions. PREA policy OP 038.3 states, “Consensual sexual activity among Inmates is prohibited. Inmates who engage in this type of activity will be subject to disciplinary action in accordance with Operating Procedure 861.1 Inmate Discipline”.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections and the Haynesville Correctional Center have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors on the inmate’s mental health and cognitive capacities. The facility has had no incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents, which would be done in a cautious manner to not impact the overall population's willingness to report incidents. All disciplines related to sexual misconduct are required to be referred to the Regional PREA Analyst for review and consultation before a final consequence is rendered. Compliance determination was based on interviews, policies, and supporting documents reviewed.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Haynesville Correctional Center Pre-Audit Questionnaire

OP 038.3 Prison Rape Elimination Act

OP 730.2 MHS Screening, Assessment, and Classification

OP 730.6 MHWS Confidentiality

OP 735.2 Sex Offender Treatment Services

Policy Health Services Unit

HRSV list

Facility Information Booklet

Classification Records

Medical and Mental Health Records

Memos from the Warden

Individuals interviewed/ observations.

Interviews with Medical Professionals

Interview with Mental Health Professional

Interviews with Random Inmates

Indicator Summary Determination

Indicator (a) Inmates who are identified through the screening process or who admit a history of sexual trauma can be referred to either Mental Health Services or the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in Inmate files and interviews with inmates and Mental health and case management staff. DOC policy OP 730.2 MHS Screening, Assessment, and Classification (page 6) set forth the requirement to refer all individuals who are admitted with past histories of sexual assault or sexual victimization to mental health who will follow up within 14 days. The policy states, "In institutions, within 14 days of completion of the Classification Assessment, the QMHP will notify those offenders, identified as HRSA or HRSV, of the availability for a follow-up meeting with a mental health practitioner and inform the Inmate of available relevant treatment and programming. Notification will be documented on the Prison Rape Elimination Act (PREA) QMHP Follow-Up form. The cases reviewed supported follow-up occurring

within the required timeframes. Virginia DOC has forms to be completed that document the inmate's being seen and offered services. The cases supported inmates were seen by mental health within 1 week of the disclosure. Inmates who were interviewed support that they have the ability to address their issues through the mental health services of their past abuse. The inmates' understanding of the services of the local rape crisis agency or the use of the 800 number as a support service varied. Inmates interviewed with past histories were aware of the 24-hour option to call for support, and most agreed that professional visits could occur at the facility. Inmates support that access to mental health or medical services was not difficult. The facility reports individuals with past abuse trauma in their lives are offered counseling. Some inmates report they were offered services but had treatment in the past, so they declined treatment. Case notes examples showed the initial follow-up screening is provided and that if the person is believed to be at high risk, they are reassessed at least every six months. The onsite file reviews showed inconsistent documentation of individuals who scored as HRSA or HRSV if they did not want to seek mental health services. The PREA office of the Virginia Department of Corrections worked with the facility to complete training for 18 staff members who would perform or have access to screening information and mental health staff. The Auditor did not find evidence that supported residents with past histories were not being offered mental health services for past trauma but requested the training to further ensure that the offer was documented if the inmate chose to avail themselves of mental health services or not.

Indicator (b) Inmates who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. Haynesville Correctional Center has mental health professionals who can provide individual services to individuals with sexual offense histories. Most inmates would have been transferred in from a receiving institution or a higher-level facility where treatment may have been offered for past behaviors. Inmates with sexual offense backgrounds would have likely been identified and possibly undergone treatment previously. The DOC tool, as discussed in standard 115.41, identifies perpetrating behaviors. The Department has a dedicated treatment program for individuals with sexual offense histories, and residents can continue therapy at HCC. As noted previously, an Inmate who commits a sexual offense at HCC would likely be moved to a higher level of custody. The Mental Health staff confirmed that they can provide ongoing counseling for those individuals who have past histories of sexual offending behaviors. The facility reported a considerable portion of the facility has charges of aggression or sexual-related charges. As a medium facility, inmates have earned their way to lower custody, and the screening system has a built-in review that allows for the HRSA or HRSV to be overridden after clinical review and discussion. The facility had four admissions that scored as HRSA (high risk for sexual aggression) at the time of the audit. Documentation provided supported that they were seen by mental health.

Indicator (c) The Haynesville Correctional Center is not a jail.

Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, mental health staff, unit management, and the PREA Coordinator that sensitive information is protected. Custody staff cannot access information in the medical or mental health records. Information obtained and documented in VACORIS is also limited in access to those individuals who need to know. Through the unit management process, line staff are provided only with specific information about who may be a potential or known victim or perpetrator. The Health Service Administrator provided information on the healthcare staff's efforts to ensure the confidentiality of information that could be used against an inmate. The inmates interviewed supported the idea that information given to counseling staff would be kept confidential. Doc policy OP 730.2 states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law." The Auditor also was able to see on the tour record storage and get a description of how screening information may be siloed from most staff having access.

Indicator (e) All inmates are educated, with healthcare staff, on an understanding of the limits of confidentiality as it relates to criminal behaviors and sexual abuse information. Inmates interviewed confirmed both they had signed acknowledgment forms, and they verbally understood the reasons why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Inmate interviews support they understood the limitations on the confidentiality of information shared to medical or qualified mental health professionals. The reviewed clinical notes also support the idea that limits of confidentiality are discussed with the inmate at the inception of services. Agency policy 730.6 MHWS Confidentiality describes, in detail, the treatment provider's confidentiality limits. "Limits of confidentiality - A DOC Psychology Associate may share information related to the mental health status and/or treatment needs of an inmate/probationer/parolee without the inmate's/probationer's/parolee's consent in the following circumstances: (see Duty to Protect section of this operating procedure)

1. When the Psychology Associate considers the inmate/probationer/parolee to be a danger to self or to others;
2. When the Psychology Associate considers the inmate/probationer/parolee to be a risk to the safe and secure operation of the facility;
3. In the event of suspected or reported abuse, neglect, or exploitation of a child, when the child is under the age of 18 years;
4. In the event of suspected or reported abuse, neglect, or exploitation of an aged or incapacitated adult per COV §63.2-1606, Protection of aged or incapacitated adults;

	<p>mandated and voluntary reporting;</p> <p>5. In the event of suspected or reported sexual abuse or sexual assault of another inmate/probationer/parolee;</p> <p>6. In the event of a court-ordered evaluation or other court order;</p> <p>7. As required for the purposes of sexually violent predator evaluations in accordance with COV §37.2-905.2, Access to records; and</p> <p>8. As required by state or federal law, including but not limited to COV §53.1-40.10, The Exchange of Medical and Mental Information and Records:" There were no required notifications to outside agencies by HCC for sexual abuse incidents that had not occurred in an institutional setting. There were no individuals under 18 at Haynesville Correctional Center.</p> <p>Compliance Determination:</p> <p>All inmates are screened when they arrive at the Haynesville Correctional Center. Inmates are seen by medical and mental health staff, and the screening process is reviewed in a Unit Management team meeting within 14 days of admission. Inmates with sexual assault histories and sexual victimization histories are offered treatment. Inmates who are admitted to the facility are seen by Medical and Mental Health staff. In addition to the DOC PREA screening, the medical staff has several intake questions that are PREA-related. The secondary questioning allows inmates who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Inmate medical and mental health records are not accessible to the custody staff. VACORIS, the DOC electronic case management system, has access controls, and similarly, the Electronic Medical Records (EMR) limit access to the most vulnerable information, protecting the inmates from having information exploited. Supporting documentation provided to the Auditor showed how medical or custody staff inform Mental Health, which follows up on any disclosure of sexual abuse or victimization histories. Compliance was based on policy, the treatment records provided, the ability of HCC to provide treatment follow-up within 14 days, and the security of records and information provided on tours by the Medical and Mental Health staff. Interviews with inmates were also considered, as they understood the availability of medical and mental health services and how to access them. The Auditor requested retraining to improve documentation consistency for those with positive screenings. The training was completed with the staff during the onsite portion of the audit.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Haynesville Correctional Center Pre-Audit Questionnaire

Policy – OP 038.3 Prison Rape Elimination Act

Policy – Health Services Treatment Guidelines

Policy – OP 720.7 Emergency Medical Equipment Care

Policy – OP 730.2 MHS Screening Assessment and & Classification

VA Dept Criminal Justice – Sane Program Information/map

VA State Law 19.2-165.1

Sexual assault checklist

Memo from Warden

Individuals interviewed/ observations made.

Interviews with Medical professionals

Interview with Sexual Assault Nurse Examiner

Interviews with First Responders

Information Provided by IANF

Indicator Summary Determination

Indicator (a) The Haynesville Correctional Center has a full-service medical clinic that operates around the clock. Registered nurses are available 24 hours per day at HCC. After hours, on-call medical and mental health practitioners are also available. The services are diverse and consistent with community health clinics. Inmates report access to these services if they are in crisis. Medical staff report having medical autonomy if the inmate must go out of the building for emergency services to facilitate that trip. The medical staff states the facility administration is supportive of the work they do, and they work to resolve issues when they arise. In the event of a sexual assault, inmates at HCC would go to VCU health services in Richmond, which has SANE-trained nursing availability. VCU confirmed victims would be allowed support from local rape crisis agencies. The policy and facility response plan supported immediate referrals to the facility's medical and mental health providers. There were no cases at Haynesville Correctional Center in the past year that required a victim to be referred for a forensic exam for sexual abuse.

The Virginia DOC policy OP 720.7 Emergency Equipment and Care set forth the requirement for access to care for victims of sexual abuse. "Offender victims of sexual abuse will 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; see DOC Nursing Evaluation Tools -Sexual Assault.' Nurses confirmed that an inmate can be transferred out to the hospital within half an hour.

Indicator (b) Medical services are available 24 hours daily through onsite nursing. Residents in need of forensic exams will be sent to VCU Richmond. The local rape crisis agency reported that the closer VCU facility no longer has SANE nurses to complete forensic exams, so the DOC will have the victim sent to Richmond. Random staff knew, as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. DOC policy OP 038.3 Prison Rape Elimination Act (page 10) states, "If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, the OIC must immediately notify the facilities designated medical and mental health practitioner." An interview with the medical staff confirmed that if a practitioner is not on-site, the medical team will contact them. Interviews with medical and mental health staff confirmed that they are aware of ensuring medical and mental health services are offered promptly. The PREA Compliance Manager confirms that medical staff are always present to respond to inmate medical needs.

Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications and emergency contraception if there were females at the facility. The Auditor confirmed that the same medications would be offered to the inmate again upon return from a forensic exam, even if they had initially denied it. Medical staff confirmed they would educate the inmate on the importance of such medications for continued health.

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Policy OP 720.7 Emergency Medical Equipment and Care (page 8) states, "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." The medical unit at Haynesville Correctional Center would function as the aftercare by providing medical follow-up care and ensuring mental health services are offered. Virginia state code 19.2-165.1 also confirms that there is no cost for a sexual abuse forensic exam and treatment, and that a victim is not required to cooperate in the subsequent investigation to receive services. "Patients are not required to report the crime to law enforcement,

	<p>nor cooperate with an investigation in order to request a Physical Evidence Recover Kit (PERK) exam or for that exam to be paid per § 19.2-165.1 (B) All medical fees expended in the gathering of evidence through physical evidence recovery kit examinations conducted on victims complaining of sexual assault under Article 7 (§18.2-61 et seq.) of Chapter 4 of Title 18.2 shall be paid by the Commonwealth pursuant to subsection F of § 19.2-368.11:1. Victims complaining of sexual assault shall not be required to participate in the criminal justice system or cooperate with law enforcement authorities in order to be provided with such forensic medical exams.”</p> <p>Compliance Determination:</p> <p>Virginia Department of Corrections can quickly respond to emergencies and provide emergency care and referrals to hospitals for forensic services. Each DOC facility’s response plan for PREA incidents outlines the steps taken to ensure access to care. The Haynesville Correctional Center has on-site medical nursing staff 24 hours per day. The facility also has on-call providers who can help facilitate the referral to an outside medical provider. Health Service will follow the requirements as outlined in several policies. The Auditor confirmed that SAFE or SANE capabilities are available at the emergency room at the VCU campus in Richmond, approximately 60 miles away. As part of the audit process, the Auditor spoke to a hospital representative to confirm access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any inmate in DOC; this was confirmed with hospital staff and the forensic services provider. The SANE Nurse confirmed they follow the protocols of the International Association of Forensic Nurses, which supports that they offer victims HIV testing, prophylaxis treatments for STDs, and emergency contraception if the inmate is female. The compliance determination took into consideration access to services in the community and the facility. Virginia DOC policies and information from the interviews further supported a complaint determination.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – 720.4 Co-Payment for Health Care Services</p> <p>Policy – 720.7 Emergency Medical Equipment and Care</p>

Policy – 730.2 MHS Screening Assessment and Care

Memo from Warden

Individuals interviewed/ observations made.

Interviews with Medical Professionals

Interviews with Mental Health Professionals

Interview with SANE

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections ensures that all inmates are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Health Care Services staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently, the inmate will be offered a forensic exam at the VCU Health Services Richmond Campus. If the incident is a prior life event in another institution or the community, the medical and mental health teams will complete a health assessment and mental health referral for services. If the inmate is more comfortable discussing the abuse with a rape crisis agency staff person, a mental health referral can be made to Action Alliance to provide the appropriate level of supportive counseling. Virginia DOC Policy 720.7 states, “The facility will offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.” The facility also provided medical and mental health cases on residents who were involved in allegations of sexual misconduct. A review of these documents supports the actual individuals who were seen for treatment services or documentation of their refusal.

Indicator (b) Inmates who are victims of sexual assault in a Virginia correctional institution are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at a county jail, the inmate, once identified, is referred to mental health staff for follow-up services. If the inmate prefers, they can be referred to Action Alliance for support services after an incident of sexual misconduct. The Medical and Mental Health staff spoken to confirmed, as did the Action Alliance representative, that they would make referrals to ensure continuity of care if the inmate were released home or transferred to another facility. As Action Alliance is Richmond based, in Richmond, they would identify a Rape Crisis Agency (Haven House) agency near the Haynesville Correctional Center to provide the appropriate support services if in-person is preferred. The Auditor

confirmed with the local rape crisis agency that they could have the capacity to support such victims.

Indicator (c) As noted in indicator (a), the medical clinic at the Haynesville Correctional Centers is equivalent to an urban community medical clinic. The facility offers a full array of medical and mental health services, including dental and vision services. The infirmary addresses the needs of illnesses associated with the wide age range at HCC. The facility provides mental health services, including counseling, medication management, and, when needed, the extra support of the mental health unit or direct observation room in the clinic space. The supportive care for victims of sexual abuse is equivalent to the community level. The clinic included infirmary beds, exam rooms, and a dental clinic.

Indicator (d) The Indicator does not apply as Haynesville Correctional Center is an all-male institution. Agency policy covers expected services for female inmates post incidents of sexual abuse.

Indicator (e) The Indicator does not apply as Haynesville Correctional Center is an all-male institution. Agency policy covers expected services for female inmates post incidents of sexual abuse.

Indicator (f) The Auditor confirmed with both the medical staff at HCC and the representatives of the VCU Health Services Richmond Campus used by HCC that victims of sexual assault would be offered testing for sexually transmitted diseases. This testing is provided free of charge and is consistent with agency policy. The Auditor was provided information that no inmates required any follow-up services for possible sexually transmitted diseases.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the inmate, including if the inmate must go out for a forensic exam. Policy OP 720.7 Emergency Medical Equipment and Care (page 9) states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim identifies the abuser or cooperates with any investigation arising from the incident."

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments; if the individual chooses not to speak to healthcare staff, they can also be referred to the local rape crisis agency,

	<p>Action Alliance. Action Alliance can coordinate phone support for victims and work with the facility and the nearest rape crisis organization to be able to provide on-site support in a non-pandemic period. The Auditor recommended reconnecting with the local agency's representatives to build on the relationship.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections ensures inmates have ongoing access to services. The DOC has several policies that address the healthcare needs of inmates, including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators, along with information from the PREA policies. DOC health services providers would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Healthcare would ensure that all medical needs and follow-up treatment would be provided after an initial referral to VCU Health Services Richmond for a forensic examination. Medical staff confirmed that they could educate inmates about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Absent an inmate victim, compliance is based on policy consistent with the standard, the resources available on-site and in the identified hospital, the interviews with medical and mental health staff, and interviews with representatives of Action Alliance.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – 038.1 Reporting Serious and Unusual Incidents</p> <p>Policy – 038.3 Prison Rape Elimination Act.</p> <p>Investigation Files</p> <p>PREA Report of Incident Review Form</p> <p>Individuals interviewed/ observations.</p> <p>Interviews with Incident Review Member</p>

Interview with PREA Compliance Manager

Interviews with the DOC Director

Interview with the facility Warden

Indicator Summary Determination

Indicator (a) Virginia Department of Corrections policy OP 038.1 Reporting Serious and Unusual Incidents (pages 10-12) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states, “A sexual abuse incident review shall be conducted 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. The Virginia Department of Corrections requires a critical review of substantiated cases of sexual harassment or other serious incidents should be critically reviewed. “. A sexual harassment incident review, PREA Report of Incident Review 038_F11, will be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation has been determined to be substantiated. Other incidents deemed to need a critical review as determined by the Unit Head, Regional Administrator, Regional Operations Chief, or Chief of Corrections Operations.” At the time of the audit, Haynesville Correctional Center had zero sexual abuse cases substantiated in the 12 previous months. Several cases made anonymously made it difficult to investigate, resulting in unsubstantiated findings. There were no sexual harassment allegations substantiated in the past 12 months. The Auditor reviewed a case from January 2024 with the Intel team.

Indicator (b) Policy OP 038.1 states that the review should occur within 14 days of the conclusion of the investigation. “The review for sexual abuse and sexual harassment will be conducted within 14 days of completion of the investigation on a PREA Report of Incident Review 038_F11. The PREA Compliance Manager will forward the PREA Report of Incident Review to the Regional PREA Analyst for review and approval prior to submission to the Regional Office.” The Auditor reviewed all the investigative files to determine if an incident review team should have been called on any of the cases. During a review, it was determined that the anonymous victim cases were not all completed within 30 days of the completion of the investigation. The Auditor requested that the facility determine a new plan to ensure all substantiated or unsubstantiated investigations of sexual abuse have completed reviews within the standard required period. A memo was provided supporting the new steps in place to ensure timely reviews.

Indicator (c) The Department of Corrections policy language addresses the multi-disciplinary nature of the team. It states, “The Review Team should consist of at least

2 DOC employees designated by the Unit Head. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from the PREA Compliance Manager, line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews.” The Warden confirmed the committee involves individuals across the facility, including himself or the Assistant Warden, the Major, the PREA Compliance Manager, investigative staff, and appropriate medical and mental health staff. The PREA Analyst may also be involved and will get a copy of the final review. The Auditor reviewed the various completed review meetings and found that 7 to 10 individuals participated in each review

Indicator (d) The elements described in this indicator are all covered in policy OP 038.1. which states,

“a. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed

b. Provide an analysis of the causal factors and contributing circumstances

i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility.

ii. Assess the adequacy of staffing in that area during different shifts.

iii. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

c. Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/ or training; or whether there is a need to revise the current procedure, practice, staffing, and/ or training.

d. Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement or shall document its reasons for not doing so.”

The agency form used to document the review panel's considerations includes the required information listed above. The PREA Office believes the form supports consistent documentation of information supporting or denying the abuse based on the abovementioned elements. The Auditor reviewed the form and found that the questions were present.

Indicator (e) Interviews with the Warden, the PREA Coordinator, the PREA Compliance Manager, and the PREA Analyst support the idea that there are systems in place to ensure the information obtained in the review can be used to make changes in the

	<p>facility. The Warden reports that if the post-incident review of a sexual assault case had recommendations, he would take immediate action to implement a plan based on the committee's recommendation to reduce risk.</p> <p>Compliance Determination</p> <p>The Virginia DOC policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires that the information needed to be part of the incident review with language directly from the standard. According to the Warden, procedural changes would also be enacted to improve supervision if the committee's findings supported the change. When safety issues are identified at HCC, the Auditor's interaction with staff support will result in procedural or staffing changes, in addition to technology investments. The information supported the fact that the questions in indicator D were asked and answered. The review team included a multi-disciplinary management, custody, and healthcare staff team. Compliance was determined based on policy language, documentation, and staff understanding of the requirements. The facility has implemented changes to ensure direct communication on all active investigations and to ensure timely reviews are completed.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – OP 038.3 Prison Rape Elimination Act</p> <p>Agency annual report</p> <p>Bureau of Justice Survey</p> <p>HCC PREA Incident logs</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with the PREA Coordinator</p> <p>Interview with PREA Compliance Manager</p>

Interviews with the Director of the Department of Corrections

Indicator Summary Determination

Indicator (a) The agency collects data that is consistent with the policy definitions developed to be consistent with the standard. Policy OP 038.3 states, "The DOC collects accurate, uniform data on every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually." The Auditor was provided a copy of the state's past PREA annual reports, which show consistent information from each of Virginia's facilities. The Director confirmed that data is used to improve the agency's ongoing effort to protect, detect, and respond to incidents of sexual abuse and sexual harassment.

Indicator (b) The agency completes an annual report with aggregate data from the Haynesville Correctional Center. The Auditor was able to see the data from 2014 to 2024. The Auditor reviewed the agency's annual report, which was published on the state website.

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Haynesville Correctional Center in the past year. Interviews with the facility PREA Compliance Manager and the state PREA Coordinator confirmed the required elements were tracked. The Auditor also took into consideration information reviewed in investigatory files and Incident tracking reports and the examples of surveys of sexual violence completed between 2014 and 2024.

Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving inmate-on-inmate contact will be retained locally, and a copy will be sent to the agency PREA Office. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.

Indicator (e) The Department of Correction had received data from the GEO group contracted facility with whom they subcontract. Agency policy states, "Incident-based and aggregated data is collected from every private facility with which the DOC contracts for the confinement of offenders." A review of the annual report document includes information on PREA cases at the GEO Group-run facility in 2023. As noted before, the Virginia DOC stopped the use of contracted prisons in 2024.

	<p>Indicator (f) The Department of Justice has not requested PREA-related information from the Virginia DOC in the past year. The Agency provides completed reports for each year dating back to 2014. The documentation is a completed version of the federal form.</p> <p>Compliance Determination:</p> <p>The Auditor found the standard to be compliant. The Virginia DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The Virginia Department of Corrections' annual PREA report outlines the efforts, including data on each of Virginia's DOC facilities. The agency policy OP 038.3 Prison Rape Elimination Act commits the agency to comply with the data collection requirement of the standard. The Director of the DOC stated his commitment to utilizing data in the agency's ongoing efforts to prevent sexual misconduct. Interviews with the Director, the PREA Coordinator, the PREA Compliance Monitor, and information from the PREA Analyst support a system to collect uniform data. The Auditor considered policy language, interviews, and the various documents and data collected, which are used at the statewide and facility levels.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy - OP 038.3 Prison Rape Elimination Act</p> <p>VA DOC Annual PREA Report</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Director of the Department of Corrections</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Analyst</p>

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections utilizes data related to PREA incidents and other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents to improve safety. Interviews with the Warden and the Director of the Department of Corrections support critical analysis, which occurs not only at the facility level but also at the system level. Examples of how improvements have been used across the system to improve inmate safety were provided. The Warden also confirmed her team looks for trends to further guide policy/ procedural practices or the disbursement of resources. The Director reports that the agency is data-driven and employs teams to assess and evaluate information that can be shared with the facilities.

Indicator (b) The Virginia Department of Corrections annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Data compares the current year to the prior year's data and includes the one contracted facility. The report shows if the accused was a staff or an inmate and provides the outcome determination. The report also tracks PREA-related improvements across its facilities. The report also reviews the number of complaints that have been reported through the state hotline through the PREA/ADA unit.

Indicator (c) The Director of the Department of Corrections confirms he approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website. OP 038.3 states, "The report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC Public website."

Indicator (d) The DOC removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.

Compliance Determination:

The Virginia Department of Corrections meets the requirements of this standard in policy OP 038.3 (pages 14-15), which defines the use of data. The DOC Director and the Warden supported the fact that they both utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to critically review data to identify problem areas and enact corrective actions. The PREA Coordinator and her team of analysts can identify trends that can be reviewed and support change at either the facility level or system level. The agency also

	<p>complied with PREA standards by publishing annual reports combining data, graphs, and narrative information on Virginia's efforts since 2014 in the development of PREA-safe facilities. The report highlights each facility and tracks incident trends without identifying information.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – OP 038.3 Prison Rape Elimination Act</p> <p>Policy – OP 050.1 Inmate Record Management</p> <p>PREA Annual Report</p> <p>VACORIS</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with the PREA Coordinator</p> <p>Interview with PREA Analyst</p> <p>Interviews with PREA Compliance Manager</p> <p>Interviews with Investigators</p> <p>Interviews with Screening staff</p> <p>Indicator Summary Determination</p> <p>Indicator (a) The Virginia Department of Corrections has policies that protect information security. Policy OP 038.3, the PREA policy, states, “All data collected on allegations of sexual abuse at DOC facilities must be securely retained.” Policy OP 050.1 Inmate Records Management governs the establishment, utilization, content, privacy, secure placement, preservation, and security of Inmate records, the dissemination of information from these records, and instructions for retiring or destroying inactive records. Discussions with the PREA Coordinator, the individual who completes screenings, the Investigator, and medical and mental health staff describe layers of controls in place to ensure no unnecessary disclosure. The</p>

	<p>Investigative team for Haynesville Correctional Center has secure offices. Final reports are also filed with the PREA Office. Criminal cases related to staff action files would not be held on-site but would be maintained by the Special Investigation Unit (SIU).</p> <p>Indicator (b) The Virginia Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The annual report describes the agency and facility's efforts to create and maintain PREA-safe environments. The website also includes information on PREA incidents at the contracted facility. A review of the state's website supports the annual reports dating back to 2014.</p> <p>Indicator (c) The annual report on the state's website does not include identifiers.</p> <p>Indicator (d) Policy OP 038.3 sets forth the obligations of the agency's PREA Coordinator, including collecting all incidents. The policy states, "All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise." Virginia DOC Policies OP 050.1 and OP 025.1 define controls and record retention. The Agency PREA Coordinator is aware that all PREA-related data must be maintained for a period of no less than 10 years.</p> <p>Compliance Determination:</p> <p>The Standard is compliant. The Auditor based this conclusion on the review of the agency's policy and procedures, observations, and information obtained through the various staff interviews and review of documentation at the facility and on the agency website.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>Policy – OP 038.3 Prison Rape Elimination Act</p>

Virginia DOC Website

Individuals interviewed/ observations.

Interviews with the PREA Coordinator

Interview with PREA Analyst

Interviews with PREA Compliance Manager

Tour of HCC

Indicator Summary Determination

Indicator (a) The Virginia DOC has several of its 42 facilities audited in a year. The Agency has Audits scheduled across all three years of the current audit cycle. A review of the auditor bid document and the agency website confirms that PREA audits have been completed consistently since the inception of PREA audit. The state currently had one contracted facility for beds, which underwent its PREA audit in 2022. The contracted facility was returned to the Department of Corrections control earlier in 2024.

Indicator (b) This is year two of the Audit cycle, and from information provided and found on the agency website, at least one-third of the facilities had a PREA Audit completed in the first year.

Indicator (h) The Auditor did have open access to all parts of the facility. The auditor was able to move freely about the housing units on the tour to speak informally with inmates and staff to ensure they were aware of the audit. The Auditor was able to ask about the agency's efforts to educate inmates and how to seek assistance if the need arises. Inmates also aided in testing the reporting systems on the phone systems.

Indicator (i) The Virginia Department of Correction provided the Auditor with electronic PREA auditing files in the Online Audit System. The Auditor, Facility Leadership, the PREA Coordinator, and the Regional PREA Analyst had Zoom meetings to review material and set up information the Auditor would like to review on-site. The Auditor also got copies of other documentation as requested on-site. The Agency provided materials in an organized manner in the Online Audit System.

	<p>Indicator (m) The Auditor interviewed inmates throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the inmate to speak freely without others being able to hear our conversations.</p> <p>Indicator (n) The Auditor did receive confidential mailings from inmates, staff, or other interested parties. After the site visit, the individual wrote the Auditor, who responded to a concern that did not violate the standard's expectations. The facility was working to improve inmates' comfort in the shower area, which was the inmate's concern. The Auditor's information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. During the onsite visit, the auditor made it clear that individuals who requested to be seen would be added to the random sampling of staff and inmates to be interviewed. The Auditor spoke with individuals who had requested to be seen in advance or while on site. One letter was received after the site visit had occurred, to which the Auditor responded in writing.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has had PREA audits of each of its 42 facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and has set up strong deadlines when contracting for new beds to be PREA compliant, including undergoing formal audits. The Auditor was given full access to the prison and was not prohibited from returning to certain areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and inmates. The Auditor tested critical functions, including accessing confidential support and outside reporting options in the facility, and was provided access to translation services to interview potential LEP inmates. The facility posted the audit notice; it was visible on the tour, and inmates were aware of the posting and the audit. Compliance is based on the above-mentioned facts, which support a culture in which PREA is monitored daily.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Haynesville Correctional Center Pre-Audit Questionnaire</p> <p>VA Department of Corrections Website</p>

Individuals interviewed/ observations made.

Interview with PREA Coordinator

Indicator Summary Determination

Indicator: (f) The Virginia Department of Corrections website has posted all the previous PREA Audits. This Auditor reviewed the state's DOC Website to assess compliance. The Department of Correction has published all PREA reports dating back to the agency's first PREA Audits in 2014. Haynesville Correctional Center's previous reports were viewed on the state's website.

Compliance Determination:

The Virginia Department of Correction website has all previous facility PREA Audits posted under its PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also considered that the Agency PREA Coordinator was also aware of the timing requirement for posting the audit report.

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

	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

	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

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	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?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	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

	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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrrity 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

	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.)	yes
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

	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

	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

	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

	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

	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	

	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

	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

	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	

	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

	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

	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

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

	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

	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

	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

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	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

	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

	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).	yes
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

	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	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
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.)	na
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

	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	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>