

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text.

☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 13, 2025

Auditor Information

Name: Alton Baskerville

Email: alton.abm@preaauditors.com

Company Name: AB Management and Consulting LLC

Mailing Address: 2310 Victoria Crossing Lane

City, State, Zip: Midlothian, VA 23113

Telephone: 804-980-6379

Date of Facility Visit: April 22-23, 2025

Agency Information

Name of Agency: Virginia Department of Corrections

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 6900 Atmore Drive

City, State, Zip: Richmond, Virginia, 23225

Mailing Address: P.O. Box 26963

City, State, Zip: Richmond, Virginia, 23261

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: <https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/>

Agency Chief Executive Officer

Name: Chadwick Dotson

Email: Chadwick.Dotson@vadoc.virginia.gov

Telephone: 804-887-8080

Agency-Wide PREA Coordinator

Name: Tammy Barbetto

Email: tammy.barbetto@vadoc.virginia.gov

Telephone: Click or tap here to enter text.

PREA Coordinator Reports to: Corrections Operations Administrator	Number of Compliance Managers who report to the PREA Coordinator: 43
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Facility Information			
Name of Facility: Central Virginia Correctional Unit #13			
Physical Address: 6900 Courthouse Road		City, State, Zip: Chesterfield, Virginia - 23832	
Mailing Address (if different from above): Post Office Box 2620		City, State, Zip: Chesterfield, Virginia - 23836	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: www.vadoc.virginia.gov (Search PREA)			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): <input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: N/A			
Warden/Jail Administrator/Sheriff/Director			
Name: Michael S. Lewis			
Email: Michael.Lewis@vadoc.virginia.gov		Telephone: (804) 796-4277	
Facility PREA Compliance Manager			
Name: Jalese Woodson			
Email: jalese.woodson@vadoc.virginia.gov		Telephone: (804) 318-5902	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Treanae Cearnal			
Email: Tranae.Cearnal@vadoc.virginia.gov		Telephone: (804) 664-2001	

Facility Characteristics	
Designated Facility Capacity:	289
Current Population of Facility:	193

Average daily population for the past 12 months:	183	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-64	
Average length of stay or time under supervision:	1 year 1 month 21 days	
Facility security levels/inmate custody levels:	1 and 2	
Number of inmates admitted to facility during the past 12 months:	302	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	302	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	298	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	71
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	13
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	67
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	30
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	3

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	19
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity

Select all external entities responsible for
**ADMINISTRATIVE INVESTIGATIONS: Select all that
apply (N/A if no external entities are responsible for
administrative investigations)**

- ☐ Local police department
- ☐ Local sheriff's department
- ☐ State police
- ☐ A U.S. Department of Justice component
- ☐ Other (please name or describe: [Click or tap here to enter text.](#))
- ☒ N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.18 Upgrades to facilities and technologies.

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	April 22, 2025
2. End date of the onsite portion of the audit:	April 24, 2025
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Action Alliance Organization
Audited Facility Information	
4. Designated Facility Capacity:	289
5. Average daily population for the past 12 months:	183
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	194
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	58
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at 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 or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
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23. 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The population of confined persons meeting the criteria in certain categories were not present.
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<i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
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24. 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:	79
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25. 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:	3
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26. 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:	128
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27. 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. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There are no additional comments.
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Interviews

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
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29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text.
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	<input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Auditor randomly selected inmates based upon housing assignments, race, prison number and selecting some inmates to be interviewed during the tour of the facility.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Click or tap here to enter text.
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32. 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, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	No additional information to add.
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Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>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.</i> <i>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.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	7
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Facility does not house Youthful Offenders.</p>

<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>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>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>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>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	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.
38. 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:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	This is a facility that needs healthy inmates to work in the community. Discussion with staff and inmates confirm that this population is not in the facility.
39. 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:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	This is a facility that needs healthy inmates to work in the community. Discussion with staff and inmates confirms that this population is not in the facility.
40. 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:	11
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the</p>	<p>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>PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>
<p>43. 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>4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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>Click or tap here to enter text.</p>

44. 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 Alleged to have Suffered Sexual Abuse)” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	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.
45. 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, etc.).	Click or tap here to enter text.

<i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<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 (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Click or tap here to enter text.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The staff was majority female in this facility.</p>
<p style="text-align: center;"><i>Specialized Staff, Volunteers, and Contractor Interviews</i> <u>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 interview would satisfy multiple specialized staff interview requirements.</u></p>	
<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>20</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>Click or tap here to enter text.</p>
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	<p>Click or tap here to enter text.</p>
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>2</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p>

	<p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (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 checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Religious volunteers were interviewed and a contract employee from CGL was interviewed.
Site Review and Documentation Sampling	
Site Review	
PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>		<p>No additional comments.</p>							
<p align="center">Documentation Sampling</p>									
<p><i>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.</i></p>									
<p>65. 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?</p>		<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>							
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>		<p>Ten random employee records were reviewed for PREA training and Refresher training, Criminal background checks and five-year background checks. Records were compliant. Twelve random inmate files were reviewed for initial risk screening, follow up 30-day screening, PREA training and acknowledge. The inmate records were compliant.</p>							
<p>v</p>									
<p align="center">Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</p>									
<p align="center">Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>									
<p><i>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.</i></p> <p><i>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.</i></p>									
<p>67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:</p> <p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.</i></p> <table border="1"> <tr> <td></td> <td># of sexual abuse allegations</td> <td># of criminal investigations</td> <td># of administrative investigations</td> <td># of allegations that had both criminal and</td> </tr> </table>						# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and					

				administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	1	1	0	1
Total	1	1	0	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	1	0	0	0
Total	0	1	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	1	0
Total	0	0	1	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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Sexual Harassment Investigation Outcomes
<p><i>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.</i></p>

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:					
<p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i></p>					
	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
<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>			<p>Click or tap here to enter text.</p>		

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:				
<p><i>Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.</i></p>				
	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0
<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>			<p>Click or tap here to enter text.</p>	

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review	
73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Click or tap here to enter text.</p>
<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files) </p>
Inmate-on-inmate sexual abuse investigation files	
<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	0

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	b. There were no sexual harassment investigation files.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no staff-on-inmate sexual harassment investigation files.

Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>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.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	2
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.11 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders
- Inter Office Memorandum re: PREA Compliance
- Memorandum to the Population re: PREA Compliance Manager
- VADOC Organizational Chart
- CVCU #13 Organizational Chart
- VADOC Work Description and Performance Plan - PREA/ADA Analyst
- VADOC Work Description and Performance Plan - PREA/ADA Supervisor
- PREA Key Contact List/PREA Compliance Managers
- VADOC Work Description and Performance Plan – Institutional Program Manager
- Staff Interviews
- Confined Persons Interviews
- Position Descriptions
- Interview with the PREA Manager
- Interview with the PREA Coordinator

Auditor Discussion:

The Virginia Department of Corrections has an established policy that the Department of Corrections has a zero tolerance for all forms of sexual abuse and sexual harassment. The policy strictly prohibits any fraternization and sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders. The VADOC policy includes its prevention, detection, reporting and response strategies. The Prison Rape Elimination Act policy includes definitions of the following:

- Abuse
- Carnal Knowledge
- Fraternization Rape
- Sexual Abuse Sexual
- Assault Sexual
- Sexual Harassment
- Misconduct Voyeurism

The Auditor observed the agency has included its approach towards prevention, detection and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's Prison Rape Elimination Act policy:

- Offender
- Training
- Employee and Volunteer Training
- Employee, Contractor and Volunteer Screening
- Offender Screening and Use of Screening Information
- Responsibilities for Offenders

- Responsibilities for Staff
- Written Institutional Response Plan

- First Responder Duties
- Investigations
- Reporting to Offenders
- Protection against Retaliation
- Management of Sexual Aggressors

The agency's policy stipulates the Director has designated a PREA/ADA Supervisor as the statewide PREA Coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The policy also dictates Regional PREA Analysts have been designated to oversee facility efforts and to direct PREA activities within their assigned region. Each Facility Unit Head has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

The Central Virginia Correctional Unit #13 for has designated the Institutional Program Manager responsible for duties of the PREA Compliance Manager. The Compliance Manager reports all PREA related information and compliance issues to the Regional PREA Analyst. The Regional PREA Analyst reports directly to the PREA/ADA supervisor. Central Virginia Correctional Unit #13 is located in the Central Region.

Analysis/Reasoning:

Operating Procedure 038.3

D. The DOC has a Zero Tolerance Policy that strictly prohibits staff, contractors, 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. (5-ACI- 3D-14; §115.11[a], §115.211[a])

Operating Procedure 135.2

III. Sexual Misconduct A. The DOC has zero tolerance for all forms of sexual abuse and sexual harassment. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional information on preventing, detecting, and responding to such conduct. (§115.11[a], §115.211[a])

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

The Auditor reviewed the agency's organizational chart. The VADOC has an Organizational Chart that outlines the position of the PREA coordinator and regional PREA/ADA Analyst. Each facility appoints a PREA Compliance Manager while the PREA/ADA Analyst works with PREA Compliance Managers and oversees PREA efforts in their assigned region. The Central Virginia Correctional Unit #13 appointed the Institutional Program Manager as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Superintendent and PREA/ADA Analyst for PREA related issues or concerns. The Auditor discussed the ability to develop,

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

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

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

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

The Auditor reviewed a memorandum addressed to the CVCU #13 offender population. The memorandum was written in January 1, 2024, by the CVCU #13 Superintendent. The Superintendent informed the population the staff member's name and position who had been appointed to serve as the facility's PREA Compliance Manager. The memorandum informs the population that the policy requires the facility to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The Auditor conducted formal interviews with confined persons. Interviews with confined persons reveal the population feels confident in staff's ability to respond to allegations of sexual abuse and sexual harassment. The offender population was able to articulate information to the Auditor based on the agency's education efforts. The population interviewed stated they had seen the PREA video and were provided written information upon their arrival. Offenders have informed the Auditor staff are respectful, respond to their concerns professionally and appear to "care" about their issues and problems. Each confined person was asked if they felt safe in the facility. Every confined person interviewed by the Auditor stated they do feel safe in the facility.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff were well educated and had retained the knowledge provided through agency training. Each staff member understood the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment.

Each staff member has been trained within the previous 12 months. The agency trains its staff and contractors on an annual basis. Staff informed the Auditor the Shift Commanders routinely discuss the agency's PREA policies during shift briefings. The agency's command staff supports subordinate staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The command staff maintains an "open-door" policy.

Staff interviewed by the Auditor felt confident they could discuss any issue with the command staff. The facility's command staff are required to conduct regular tours throughout the facility.

Conclusion:

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

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by

information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Memo re: No contract for Confined Persons
- Director's Memo 2025
- VADOC News Release 8.1.24 - Lawrenceville Correctional Center Update

Auditor Discussion:

Per a memo from the Director of the Virginia Department of Corrections, Chadwick S. Dotson, dated August 1, 2024, the Virginia Department of Corrections assumed control of Lawrenceville Correctional Center, which was the only privately operated prison in Virginia. Therefore, PREA Standards 115.12 and 115.212 are non-applicable.

The Auditor determined that the Virginia Department of Corrections meets the requirements of this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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

☐ No

- 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 ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.13 (d)

- 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 ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 401.1 Development and Maintenance of Post Orders
- Policy - 401.2 Security Staffing
- Policy - 401.3 Administrative Duty Coverage
- CVCU #13 Post Audit dated October 25, 2023
- CVCU #13 Staffing Plan 2024 and 2025
- CVCU #13 Camera System List
- CVCU #13 Staff Rosters
- Logbooks
- Interviews with Staff
- Observations

Auditor Discussion:

The Virginia Department of Corrections has a policy that requires each facility in the agency make its best efforts to comply with a staffing plan that provides for adequate levels of staffing and video monitoring in an effort to protect offenders from sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:

- Generally accepted detention and correctional practices; Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);
- The composition of the offender population; The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

- Any other relevant factors.

Policy requires the Facility Head or designee review their existing staffing plan for the facility by January 31 of each year. When circumstances arise where the staffing plan is not complied with, the Facility Unit Head or designee must document and justify all deviations from the facility's staffing plan. If the annual review finds the facility is not staffed in accordance with the staffing plan, the facility is required to provide a comprehensive written explanation to the Regional Operations Chief and provide possible solutions to increase facility staffing levels.

The comprehensive explanation must also be forwarded to the Regional PREA Analyst. The annual staffing plan review is conducted to assess, determine, and document whether adjustments are needed to:

- The facility's established staffing plan;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to ensure adherence to the staffing plan.

Agency policy requires Administrative Duty Officers (ADO) to visit the facility at least once during the week of duty at a time other than the staff member's normal working hours and days. Policy requires the visits to occur at different times and days so that over several weeks of duty, each ADO will have visited the facility during all shifts and on all days. The ADO is required to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds are required to be made intermittently during the month and scheduled in a 24-hour period. ADOs are required to document the unannounced rounds in the ADO Logbook or the Facility Unit Head/ADO Rounds Report.

Agency policy prohibits any staff member from alerting other staff that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

Analysis/Reasoning:

Operating Procedure 401.2 section on Staffing Plan states each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)
- f. The composition of the offender population
- g. The number and placement of supervisory staff
- h. Institution programs occurring on a particular shift
- i. Any applicable State or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- k. Any other relevant factors

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. During the pre-audit, the auditor was advised the facility has deviated from the staffing plan in the past; however, those positions deemed to be key posts, were never closed. By January 31 of each year and more frequently if needed, each facility shall review any existing staffing plan and post audits.

a. This review shall assess, determine, and document whether adjustments are needed to:

- The facility's established staffing plan
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adherence to the staffing plan
- If the review indicates that the facility is not staffing to plan or staffing to post audits, the facility must provide a comprehensive written explanation as to why they are not able to staff to post audits and possible solutions to increase facility staffing levels
- These comprehensive written explanations shall be provided to the Regional Operations Chief for review and forwarded to the Regional PREA Analyst

Operating Procedure 401.3 states ADO's conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month.

Operating Procedure 401.1 states Post Orders shall require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

a. Supervisors are prohibited from notifying staff of unannounced rounds. Unannounced intermediate and upper-level supervisor rounds occur on all three shifts and are completely random. They are logged in the log books located in the control room of each housing unit.

The Auditor reviewed the CVCU #13 Post Audit. Central Virginia Correctional Unit #13 current approved Post Audit for October 25, 2023, has a required 50.62 FTE with authorized 51.00 FTE. Central Virginia Correctional Unit #13's operational bed capacity is 214 with a total current population of 191.

Central Virginia Correctional Unit 13 has incorporated a draft list that was reviewed by the Superintendent on January 29, 2025, and is currently pending approval. All security staff are required to sign up for two mandatory days for every cycle to supplement post in the even of call outs for illness or extended leaves of absence. This process has ensured adequate coverage for staff on each shift and break.

Central Virginia Correctional Unit 13 continues staff recruitment efforts by facilitating job fairs, implementing sign-on bonuses, and taking advantage of other advertisement opportunities. Consideration was given to Central Virginia Correctional Unit 13's current and potential population of specialized inmates that may require more intensive or specialized staffing, including female inmates, LGBTI inmates, receiving intake inmates, inmates with medical or mental health needs, disabled inmates, and limited English proficient populations to ensure their safety.

Conclusion

During the pre-audit, the auditor reviewed a sample of unannounced rounds by supervisors. The documentation of unannounced rounds showed they have occurred on all shifts. Staff interviews indicate the

facility has a staffing plan they review annually to determine the minimum number of required staff. Video monitoring is a part of this plan. The Superintendent and Major all have a copy of the staffing plan. All required staffing plan guidelines under 115.13 are a part of the facility's staffing plan. The Superintendent checks for compliance with the staffing plan by reviewing the daily duty roster and observing these areas to make sure staff are assigned there. The Superintendent can also review the staffing report which is a part of the supervisor's daily shift briefing report. In the event a staff member calls in, another staff member would be drafted from the overtime list to fill this position. The staffing plan is developed at the facility level. Departmental security supervisors audit the facility and review the facility's staffing plan. Recommendations are forwarded to the PREA Analyst and PREA Coordinator for their review. Staffing plans are reviewed annually, or whenever the need is identified. Standard 115.13 complies based upon review of operating procedures, file documents, and interviews with relevant staff.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- 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].) ☐ Yes ☐ No ☒ 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].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- 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].) ☐ Yes ☐ No ☒ 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].) ☐ Yes ☐ No ☒ 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].)

☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 425.4, Management of Bed and Cell Assignments
- CVCU #13 Memorandum
- Interviews with Staff

Auditor Discussion:

The agency has a policy which requires youthful offenders not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Policy requires direct supervision by institutional staff at all times when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. Youthful inmates may be placed in a restrictive housing unit if exigent circumstances require such.

Analysis/Reasoning:

Operation Procedure 425.4

F. Youthful Inmates (§115.14) (Under age 18, convicted as an adult; not under Youthful Offender Law) 1. The DOC provides specialized housing arrangements for youthful inmates that meet the requirements of this standard. 2. A youthful inmate will not be placed in a housing unit in which the inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. 3. Direct supervision by institutional staff is required at all times when a youthful inmate and an adult inmate have sight, sound, or physical contact with one another. 4. All youthful inmates will be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution. Exigent circumstances may require removal to a Restorative Housing Unit.

The Auditor conducted formal interviews with staff. Staff informed the Auditor the CVCU #13 does not house youthful offenders. The Auditor interviewed random and specialized staff and discovered no staff

had knowledge of a youthful offender had been housed at the facility during this audit cycle. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified as an adult. Staff were not aware of any offender housed as such.

The Auditor conducted formal interviews with intake and classification personnel. Staff were asked what steps they would take if they discovered a youthful offender was transported to the facility. The Auditor was informed the counselor would notify management so appropriate arrangements could be made. The Auditor was informed the youthful offender would not be placed in an area with an adult offender while awaiting a plan of action from management staff.

The Auditor conducted a formal interview with a staff member who supervises offenders in the segregated housing unit. The staff member was asked if a youthful offender receives programming, education, work and recreation opportunities while housed in segregation. The Auditor was informed that the facility does not house youthful offenders. While touring the facility the Auditor observed areas in which a youthful offender could be maintained out of sight and sound from adult offenders while awaiting transportation to a designated facility.

The Auditor reviewed a sample of population reports from the previous 12 months. Population reports reveal the CVCU #13 has not housed a youthful offender during this audit period.

Conclusion

During the audit tour and through interviews with the Superintendent, PREA Manager, PREA Coordinator, it was observed that the CVCU #13 does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 ☐ No

115.15 (b)

- 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 ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the

facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- 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 ☐ No
- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- 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 ☐ No
- 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 ☐ No

115.15 (f)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 350.2 Training and Development
- Policy - 401.1 Development and Maintenance of Post Orders
- Policy - 401.2 Security Staffing
- Policy - 445.4 Screenings and Searches of Persons
- Policy - 720.2 Medical Screening, Classification, and Levels of Care
- Policy - 801.1 Facility Physical Plant and Sanitation
- Post Logbooks
- CVCU #13 Memorandum Training Curriculum
- Training Records
- Interviews with Staff
- Interviews with Confined Persons
- Observations

Auditor Discussion:

The VA DOC has a policy which prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. When body cavity searches are performed by medical professionals at least one security staff member of the same sex as the offender is required to be present. Policy prohibits cross-gender pat-down searches of female offenders by male security staff except in exigent circumstances. Staff may not deny female offenders access to regularly available programming or other out of cell opportunities for female offenders to comply with this standard. Before conducting any cross-gender search, approval must be obtained from the Shift Commander with notification to the Administrative Duty Officer and the Regional PREA Analyst.

Policy requires searching staff to complete and submit an Internal Incident Report after conducting a cross-gender search of an offender. The VADOC permits female security staff to conduct cross-gender pat-down searches of male offenders. Policy requires all cross-gender searches be documented. Staff are required to conduct cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

The VA DOC policy requires facilities to allow offenders the opportunity to shower, perform bodily functions, and change clothing without non-medical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy prohibits staff from conducting a cross-gender strip search of a transgender or intersex offender for the sole purpose of determining the offender's genital status. If staff cannot determine an offender's genital status, they are to determine by interviewing the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Agency policy requires staff of the opposite gender announce their

presence when entering an offender housing unit.

Analysis/Reasoning:

Operating Procedure 350.2

Security Staff a. All new Corrections Officers (and any other offender care workers at Community Corrections Alternative Programs - CCAP) receive at least 120 hours of training (in addition to orientation) during their first year of employment. At a minimum this training covers the following areas: (5- ACI-1D-12; 4-4084;

4-ACRS-7B-17; 1-CTA-3A-21) Security Staff a. All new Corrections Officers (and any other offender care workers at Community Corrections Alternative Programs - CCAP) receive at least 120 hours of training (in addition to orientation) during their first year of employment. At a minimum this training covers the following areas: (5- ACI-1D-12; 4-4084; 4-ACRS-7B-17; 1-CTA-3A-21) i. Security and safety procedures ii. Emergency and fire procedures iii. Supervision of offenders iv. Suicide intervention/prevention v. Use-of-force vi. Offender rights vii. Key control viii. Interpersonal relations ix. Communication skills x. Standards of conduct xi. Cultural awareness xii. Sexual abuse/assault interventions xiii. Code of ethics xiv. Cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs (§115.15[f], §115.215[f])

Operating Procedure 401.1

General instructions similar to the following, and others deemed important by the Facility Unit Head: i. Any employee taken hostage, or otherwise under duress is without any authority, regardless of rank. ii. Post orders cannot cover every incident or eventuality. iii. Employees assigned to any post must use good judgment and pay careful attention to the general and specific issues and details related to the post of assignment. iv. Staff of the opposite gender must announce their presence when entering an offender housing unit. (§115.15[d], §115.215[d]) v. 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. (§115.13[d])

Operating Procedure 401.2

Housing Unit Supervision 1. Corrections Officers of the opposite gender should be allowed to supervise an offender housing unit when appropriate physical modifications have been made to the toilet and shower areas to provide offenders with a reasonable degree of privacy. a. Offenders must be allowed 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 housing unit checks. (§115.15[d]; §115.215[d]) b. Staff of the opposite gender must announce their presence when entering an offender housing unit and must document these announcements in the logbook. (§115.15[d]; §115.215[d])

Operating Procedure 445.4

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.

(5-ACI-3A-21; 4-ACRS-2C-06; §115.15[a], §115.215[a]) a. No person of the opposite gender can be present or witness the strip search. b. The inmate or CCAP probationer/ parolee will remove every article of clothing including wigs, dentures, etc. and give them to the Corrections Officer for inspection. c. While the inmate or CCAP probationer/parolee is disrobed, DOC employees will conduct a visual inspection of the inmate's or CCAP

probationer's/parolee's head, hair, mouth, torso, pelvic area, legs, and feet. d. The inmate or CCAP probationer/parolee will spread their legs; bend over, spread their buttocks, squat and cough, and raise arms, penis, scrotum, and breasts during the visual inspection. e. At no time during the visual inspection will DOC employees touch the inmate or CCAP probationer/parolee or conduct any physical intrusion into the individual's rectal or vaginal cavities f. The inmate or CCAP probationer/parolee must be allowed to dress immediately after the search. 4. Strip searches of inmates and CCAP probationers/parolees by DOC employees of the opposite gender from the inmate or probationer/parolee or the gender indicated on their approved Strip Search Deviation Request may only be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative. (5-ACI-3A-21; §115.15[a], §115.215[a]) a. Prior to conducting the search, the Shift Commander must approve the search and will be responsible to notify the ADO and the Regional PREA Analyst.

C. Frisk Searches 1. Male or Female Corrections Officers will frisk search male inmates and CCAP probationers/parolees. 2. Female Corrections Officers, only, will frisk search female inmates and CCAP probationer/parolees unless there is an immediate threat to the safe, secure, orderly operation of the facility and there are no Female Corrections Officer available nor other available alternative, in which case Male Corrections Officers may frisk search female inmates and CCAP probationers/parolees subject to the following conditions. a. Prior to the search, the Shift Commander must approve the search and will notify the ADO and the Regional PREA Analyst. b. The Corrections Officers conducting the search must submit an Internal Incident Report; see Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§ 115.15[c], § 115.215[c])

3. 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. (§115.15[b], §115.215[b])

E. Body Cavity Searches 1. Body cavity searches on CCAP probationers/parolees will not be conducted. (4-ACRS-2C-04[CC], 4-ACRS-2C-05[CC]; §115.215[a],

§115.215[c]) 2. For Institutions, the Facility Unit Head or ADO may authorize the body cavity search of an inmate any time there is 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.

(5-ACI-3A-20; 4-ACRS-2C-04[I]) a. The inmate must first be given a strip search in accordance with this operating procedure. b. A medical practitioner, only, will conduct the body cavity search and inspection in private. (5-ACI3A-20, 4-ACRS-2C-05[I];

§115.15[a]) i. The medical practitioner conducting the body cavity search may or may not be the same gender as the inmate being searched. ii. At least one DOC employee of the same gender as the inmate being searched or of the gender indicated on an approved Strip Search Deviation Request must be present at all times. iii. The inmate must be allowed to dress immediately after the search.

Operating Procedure 720.2

A physical examination will not be conducted for the sole purpose of determining the genital status when a transgender or intersex inmate's offender's genital status is unknown. 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. (§115.15[e], §115.215[e])

Operating Procedure 801.1

Facility procedures and practices shall enable offenders 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. (§115.15[d], §115.215[d])

The CVCU #13 houses female offenders. The Auditor conducted a review of facility shift rosters.

Offenders were asked if they had been pat-searched or strip searched by a staff member of the opposite gender of the offender. Offenders informed the Auditor they had not been pat searched or strip searched by a male staff member. The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if the opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit. The Auditor reviewed each PREA Logbook which includes documentation that opposite gender supervisors are announcing their presence when entering offender housing units.

The Auditor observed opposite gender announcements documented in post logbooks. This facility did not conduct any strip searches of inmates for the sole purpose of determining the inmate's genital status. In the past 12 months, there were zero (0) number of cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, there were zero (0) number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. There were zero (0) number of pat-down searches of female inmates that were conducted by male staff. There were zero (0) number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s).

One hundred (100) percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (the percentage given does not necessarily indicate compliance or non-compliance with the standard).

Conclusion:

The Auditor conducted a review of VADOC policies and procedures, training curriculum, training attendance rosters, shift assignment rosters, post logbooks, interviewed staff, offenders and made observations. Also, the auditor conducted an inspection of the shower and bathroom areas. The Auditor concluded the CVCU #13 staff had been appropriately trained to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Offenders have the ability to shower, change clothes and use the restroom with a level of privacy.

The Auditor determined the CVCU #13 meets the requirements of this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.16 (b)

- 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 ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
☒ Yes ☐ No

115.16 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Offender Handbook
- Zero Tolerance Brochure
- Homeland Language Services Contract
- Purple Communications, Inc. Contract
- Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training
- Training Records
- Observations
- Interviews:
 - Agency Head
 - Random Staff
 - Random Confined Persons

Auditor Discussion:

The agency has a policy that requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:

- Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and
- Providing written materials in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The agency's policy states the VADOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Agency policy prohibits utilizing offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of the first- responder duties or the investigation of the offender's allegations.

Analysis/Reasoning:

Operating Procedure 038.3

B. Disabled and LEP Inmates and CCAP Probationers/Parolees (§115.16, §115.216) 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], §115.233[c]) 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 onsite. 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.

The Auditor reviewed the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment handout for offenders. Each offender receives a copy upon arrival at the CVCU #13. The handout is written in English, Spanish and maintained for the hearing impaired. The hearing-impaired copy includes different

avenues for reporting through the telephone. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to offenders who are blind or have low vision or who cannot otherwise obtain the information. The facility maintains its Confined Persons Handbook in Braille for offenders who can read in Braille. Confined Persons who are deaf or hard of hearing can read the written information. The facility's PREA video is both verbal and closed captioned for those who are either deaf or blind. The facility maintains the PREA video in English and Spanish. In the event the facility receives a confined person with an intellectual or cognitive disability, a staff member conducts an individual session with the confined person to ensure the confined person receives an understanding of the agency's PREA information and comprehensive education.

The CVCU #13 confined persons Handbook includes the following information:

- Reporting
- Emotional Support
- Zero Tolerance
- Rights
- How to Get Help
- Definitions

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

The facility's comprehensive educational video is maintained on a CD and titled, "PREA: What You Need to Know." The Auditor reviewed the comprehensive educational video. The video is closed captioned for the deaf or hard of hearing. Confined Persons who are blind or have low vision can hear the information being played through the video. Comprehensive education is provided through televisions in the intake area. The agency ensures Confined Persons view the video during the booking process. Confined Persons who cannot otherwise benefit from the comprehensive education attend a one-on-one session with a facility staff member.

Each confined persons entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided the comprehensive education within 10 days of arriving at the facility. Confined Persons are required to sign receipt of the written information and comprehensive educational session. The information and education are provided during intake. Each confined person is provided with a written copy of the confined persons handbook during the intake process. Confined Persons sign a Preventing Sexual Abuse and Assault Training Acknowledgement form for the information and education.

The Auditor conducted a formal interview with a confined person identified as hard of hearing. The confined persons were able to communicate with the Auditor. The confined persons acknowledged receipt of the

information and comprehensive education. The confined persons understood how to report allegations of sexual abuse and were knowledgeable regarding the information and education materials provided by the facility. The confined persons were provided an opportunity to ask questions related to the materials during her orientation and risk screening.

During the pre-audit, the auditor was provided with a copy of a contract with Purple Language Services, Co. for sign language translation and video remote interpreting. This contract was dated September 01, 2023, and the contract renewal period runs from November 1, 2023, through October 31, 2024. During the pre-audit, the auditor was provided with sexual assault awareness brochures in English and Spanish as well as a brochure for the hearing impaired.

Per a memo dated April 02, 2024, from VA Director Dotson, "As a department, it is our responsibility to take reasonable steps to provide Limited English Proficient (LEP) inmates and supervisees with meaningful access to DOC facilities, services, programs, and activities. These steps are meant to reduce language as a barrier for LEP individuals to access vital programs and information, understand rules, participate in proceedings, gain eligibility for parole or probation, access medical treatment, and understand classification assignments.

As such, our contracted language services vendor plays a critical role in the DOC mission. Since Operating Procedure 801.7 Language Services for Limited English Proficiency (LEP) went into effect on October 1, 2021, Propio has served as the DOC's language services vendor providing interpretation and translation services. The department will be transitioning from Propio to Homeland Language Services for interpretation and translation services effective April 8, 2024.

The department has many staff who are bilingual. In an effort to tap into this skill and encourage staff to work to their full potential, the department will be offering interpreter assessments. Those who receive the appropriate score on the assessment will be considered qualified interpreters and may provide certain interpretation services on behalf of DOC. The pilot for these assessments will be conducted this month. If the pilot is successful, assessments will be open to additional staff.

In the past 12 months, there have not been any instances where offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.64, or the investigation of the resident's allegations.

Conclusion:

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

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 ☐ No
- 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 ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- 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 ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- 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 ☐ No

115.17 (f)

- 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 ☐ No
- 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 102.2 Recruitment, Selection and Appointment
- Policy - 102.3 Background Investigation Program
- Policy - 260.1 Procurement of Goods and Services
- Policy - 135.1, Standards of Conduct
- Employee Records
- Contractor Records
- Background Investigation Questionnaire
- Employment Application
- Employee Self-Assessment Form
- Criminal History Background Tracking Mechanism
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Corrections policy prohibits hiring or promoting anyone or enlisting the services of any contractor, who may have contact with offenders who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and
- Has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Agency policy requires considerations of any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The policy requires a criminal background records check be conducted before hiring any new staff member who may have contact with offenders. Policy also requires the agency to make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State and local laws. Criminal background records checks are required every 5 years on employees and contract staff, who may have contact with offenders and annually for those in sensitive specialist assignments.

The Agency asks all applicants who may have contact with offenders directly about previous misconduct as listed above, in the agency's written employment application. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct as listed above.

Employee Performance Evaluations include a continuing affirmative duty to disclose any acts of sexual misconduct. The agency's policy stipulates material omissions regarding such misconduct are grounds for termination. The policy also allows for termination for providing false information related to such conduct.

Analysis/Reasoning:

Operating Procedure 102.2

H. 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.

Operating Procedure 102.3

J. The DOC will not hire or promote anyone who may have contact with offenders, and will not enlist the services of any contractor who may have contact with offenders, who: (§115.17[a], §115.217[a]) 1. 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, Definitions. 2. 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.

Operating Procedure 260.1

b. 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.

Operating Procedure 135.1

34. 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 will be grounds for termination. (§115.17[g], §115.217[g])

The Auditor reviewed the facility's Background Investigation Questionnaire form. The form is completed by all staff and contractors prior to employment or enlisting services and prior to promotions. The form asks the staff member or contractor the following questions:

- "Have you ever engaged or attempted to engage in sexual abuse/sexual harassment in an institutional setting, for example, prison, jail, juvenile facility;
- "Have you been convicted of engaging or attempting to engage in sexual activity/sexual abuse/sexual harassment in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and
- Have you been civilly or administratively adjudicated for engaging in sexual activity/sexual abuse/sexual harassment in the community where there was use of force (as described above)?"

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

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

following questions:

"Have you engaged in sexual abuse in an institutional setting where the term "institutional" refers to any facility or institution: (A) which is owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is : (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility; (iii) a pretrial detention facility; (iv) for juveniles; (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care;

Have you been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2, above?"

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

The Auditor reviewed the Employee Self-Assessment form. The following questions are asked on the assessment: "Have you ever engaged or attempted to engage in sexual abuse in an institutional setting;

Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and

Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described in 2)?"

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

The Auditor reviewed a Background Investigation Questionnaire of the employee who had previously worked at another VADOC facility. The facility-maintained documentation that the previously listed information was obtained prior to employing the staff member at the Central Virginia Correctional Unit #13. The information was documented on the Background Investigation Questionnaire. The facility documented all criminal history background record checks on all employees and contractors. The employment check includes an effort to determine if the previous employer had information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The employee's file reviewed by the Auditor revealed no prior allegations or resignation

pending an investigation of sexual abuse at the previous VADOC facility.

The Auditor conducted formal interviews with staff. Staff were asked if they were aware of the criminal background records check process. Each staff was aware the facility conducts a criminal background record check at least every five years. Staff were asked when they are asked specific questions related to sexual abuse and sexual harassment. Each staff asked informed the Auditor they answered those questions before being hired and on an annual basis. Staff who had been promoted informed the Auditor they had to complete the form and an application prior to their promotion. Staff were asked if they were aware the agency has a continuing requirement to disclose acts of sexual abuse and sexual harassment. Each was aware of the agency requirement.

The Auditor conducted formal interviews with contractors. Contractors were asked if they were aware the agency conducts a criminal record background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they are asked those questions on the Background Investigation Questionnaire. Each stated they are required to sign the form prior to performing services. Each contractor was aware the VADOC has a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

In the past 12 months, there were (13) people hired who may have contact with inmates who have had criminal background record checks. In the past 12 months, there was one (1) number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Conclusion:

The Auditor concluded the Central Virginia Correctional Unit #13 is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Confidential Summary Background Investigation Report, Employment Application, Employee Self-Assessment, Criminal History Background Check Tracking, and interviewed staff and contractors to determine the agency meets the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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.)
☒ Yes ☐ No ☐ NA

115.18 (b)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 801.1, Facility Physical Plant and Sanitation
- CVCU #13Memorandum
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Corrections policy is to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance their ability to protect offenders from sexual abuse.

Facility staff reported that the Virginia Department of Corrections has not acquired any new facility, however, Central Virginia Correctional Unit 13 made upgrades to the doors leading to the showers and bathroom in C/D basement during this audit year.

Analysis/Reasoning:

Operating Procedure 801.1

D. The effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect the inmates or CCAP probationers/parolees from sexual abuse will be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification

to an existing facility. (§115.18[a], §115.218[a]) E. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility will

take into consideration how such technology may enhance their ability to protect inmates or CCAP probationers/parolees from sexual abuse. (§115.18[b], §115.218[b])

The Virginia Department of Corrections has not acquired any new facility, however, Central Virginia Correctional Unit #13 made upgrades to the doors leading to the showers and bathroom in C/D basement during this audit year.

The Auditor conducted an interview with the Superintendent and PREA Compliance Manager. Both are clear on the responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility. The Superintendent informed the Auditor that the VADOC PREA Coordinator is involved in the design, acquisition and expansion of facilities. The PREA Coordinator and PREA Compliance Manager are also involved in the process of adding cameras and updating video monitoring systems in the VADOC facilities. The Regional PREA/ADA Analyst informed the Auditor he is involved in those processes for facilities within his assigned region.

The Auditor observed camera placements throughout the facility while touring. The facility conducts a weekly review of all cameras within the facility. The review of documents check that each camera in the facility is functioning.

Conclusion:

The Auditor conducted a review of the agency's policies and procedures, interviewed staff and made observations to determine the facility's compliance with the standard. The facility's efforts to address blind spots and to respond to the recommendations of the last PREA Audit resulted in the addition of numerous cameras which has exceeded the requirements of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ 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 ☐ No ☐ NA

115.21 (c)

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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 ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention,

information, and referrals? ☒ Yes ☐ No

115.21 (f)

- 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.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 030.1, Evidence Collection and Preservation
- Policy - 030.4 Special Investigations Unit
- Policy - 038.3 Prison Rape Elimination Act
- Policy - 720.7 Emergency Medical Equipment and Care,
- Policy - 730.2 MHWS: Screening, Assessment, and Classification
- SIU Investigative Matrix
- Virginia Forensic Nurse Examiner Programs
- Forensic Nurse Examiner Contact List
- Virginia Sexual and Domestic Action Alliance Contract
- Mountain States HealthAlliance Contract
- Interviews with Staff
- Interview with SANE

- Interview with Victim Advocate

Auditor Discussion:

The Virginia Department of Corrections has a policy that requires all victims of sexual abuse have access to a forensic medical examination provided by a certified Sexual Abuse Nurse Examiner. The examination is provided to the victim at no cost to the victim. The agency's policy is to attempt to make available to the victim a victim advocate from a rape crisis center. Policy states, "If a rape crisis center is not available to provide victim advocate services, the DOC must make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member." The victim advocate, qualified staff member, or qualified community-based organization member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information and referrals.

Policy requires the qualified staff member or community-based member is an individual who has been screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic examination issues in general.

The agency is responsible for conducting criminal and administrative investigations. Policy stipulates the Special Investigations Unit has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is required to be developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. The agency's 030.1 - Evidence Collection and Preservation policy includes its uniform evidence protocols.

Analysis/Reasoning:

Operating Procedure 030.4

VII. Prison Rape Elimination Act (PREA) Investigations

G. Evidence Protocol and Forensic Medical Examinations

1. SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (§115.21[a], §115.221[a])
2. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. (115.21[b], §115.221[b])
3. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interview. (§115.21[e], §115.221[e])
4. With the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (a Physical Evidence Recovery Kit (PERK) kit is recommended). Although it is recommended that a PERK kit is collected within 120 hours, it should be used beyond that time whenever there is a possibility of evidence remaining.

Operating Procedure 030.1

1. Evidence

- A. This operating procedure provides a uniform protocol for the preservation, control, and disposition of all physical, digital, recorded, electronic, and other evidence obtained in connection with a violation of standards of conduct, law, facility rules, or conditions of supervision. All aspects of collection, documentation, chain of custody, preservation, and disposal of evidence will be addressed. (5-ACI-3A42, 5-ACI-3D-17; 4-ACRS-2C-03; §115.21[a., b], §115.221[a., b])

Operating Procedure 038.3

2. As requested by the victim, a victim advocate, qualified staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e])

Operating Procedure 720.7

E. If evidentiary or medically appropriate, offender victims of sexual assault are referred under appropriate security provisions to an outside facility for treatment and gathering of evidence. (5-ACI- 6C-14; 4-4406)

- a. As requested by the offender victim, a victim advocate, qualified DOC staff member, or a qualified community-based organization staff member will accompany and support the offender victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e])

Operating Procedure 730.2

6. The DOC will attempt to make a victim advocate available from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, the DOC must make these services available by a qualified staff member from a community-based organization or a qualified agency staff member. (§115.21[d], §115.221[d])

The Auditor reviewed the agency's policies and procedures. The agency has included the elements of this standard in its policies and procedures. The Virginia Department of Corrections conducts administrative and criminal investigations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for investigation. CVCU #13 personnel are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene.

The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). In addition to other stipulations, the memorandum stipulates the VSDVAA agrees to the following:

- Provide a toll-free Hotline (statewide) for reporting sexual abuse or assault to victims who desire an external method of reporting;
- Ensure confidentiality for all callers to the statewide hotline, keeping with the Action Alliance confidentiality and release of information policies. If the victim agrees to the release of information, the Action Alliance will immediately forward any report of sexual abuse or assault to the Regional PREA Analyst;
- Maintain a record of calls from DOC victims that include non-identifying demographic information, information about the violence experienced, demographic and relationship information about perpetrator, and

the location of the sexual abuse or assault. The Action Alliance will provide the information quarterly by email to the DOC to support action that addresses the safety, security, and medical needs of victims. DOC will be provided with information about specific victims and allegations of assault with the express permission of the victim;

- Provide confidential crisis intervention and emotional support services related to all sexual abuse or assault victims;
- Seek to link DOC victims to accompaniment services through a trained victim advocate when victims request this service. This may include participation of advocates at forensic exams, during investigations and may also include follow-up visits or communication (at facility, telephone or written) by the victim advocate;
- Ensure statewide hotline staff and Action Alliance victim advocates who provide accompaniment services to DOC victims complete the full PREA training on responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders or probationers;
- Ensure statewide hotline staff and Action Alliance victim advocates who provide accompaniment services to DOC victims complete the full PREA training on responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders or probationers; and
- Ensure all statewide hotline staff and Action Alliance victim advocates providing accompaniment services to DOC victims have been screened to ensure they do not have a history of perpetrating sexual violence. These staff and volunteers shall agree to have a criminal history record check completed through the Virginia Criminal Information Network prior to entrance into a DOC facility and will be asked to disclose relationships to individuals who are employed by or in the custody of the DOC.

The Auditor conducted a telephone interview with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance. The representative confirmed the VSDVAA provides victim advocacy for offender victims of sexual abuse. The Auditor asked if a representative has attended a forensic examination for an offender at the Central Virginia Correctional Unit #13. The advocate stated the VSDVAA has not been asked to accompany a victim from the CVCU #13. The advocate stated if requested the advocate would also accompany the victim during investigatory interviews. The Auditor asked who contacts the VSDVAA following a sexual abuse incident. The representative stated either the hospital or facility would normally make the notification to the VSDAA. Emotional support services are provided on site or by telephone with offenders when requested. The CVCU #13 has not used a staff member to perform the services of victim advocacy.

The agency has entered a Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance for forensic services. The most recent revision was effective on September 01, 2024- August 31, 2025. The agreement is effective for one year and renewable by the parties. The agreement may be terminated by either party, without penalty, upon 60 days written notice to the other party. The agreement allows VADOC the opportunity to add additional facilities as agreed upon by the parties. The MOU stipulates the VA Action Alliance agrees to the following:

- Provide qualified, nationally registered, Virginia licensed Sexual Assault Nurse Examiners (SANEs) / Forensic Nurse Examiners (FNEs) to perform sexual assault examinations on offenders who are potential victims;
- Make available a SANE / FNE to provide services 24 hours per day, 7 days per week; Provide DOC Medical Departments with MSHA FNE contact phone numbers and other relevant information deemed appropriate;
- Provide clinical oversight with medical direction by a qualified Virginia licensed emergency physician;
- Dispatch a FNE with a state approved evidence collection kit to the identified DOC facility. The FNE

- shall arrive at the DOC facility within four (4) hours after the DOC's initial call to the Contractor;
- After completion of the exam, the FNE shall complete the required documentation and submit the evidence kit to the DOC for transport via Virginia law enforcement to an appropriate crime lab for analysis; and
 - Make the FNE available for any legal proceedings resulting from the evaluated assault.

The MOU stipulates the DOC will:

- Contact the Contractor at the provided phone number when DOC staff identifies that a potential sexual assault has occurred;
- Isolate the victim from the offender population and ensure the victim does not change clothing or shower prior to evidence collection by the FNE;
- Provide adequate security to escort the FNE while on facility grounds;
- Provide a DOC facility nurse to assist with the forensic exam and evidence collection. The DOC will also provide adequate space with an examination lamp in which to perform the exam; and
- Be responsible for any costs associated with the handling, analysis and reporting of the collected evidence.

The Memorandum of Understanding is applicable to multiple VADOC facilities. The Auditor did not observe the Central Virginia Correctional Unit #13 named in the original Memorandum of Understanding or in any renewals. The Auditor reviewed the Virginia Forensic Nurse Examiner Programs list by region. The Central Virginia Correctional Unit #13 is located in the Central Region. The Central Region includes forensic services performed at the Virginia Commonwealth University Medical Center. The Auditor observed the contact information of the SANE at the VCU Medical Center.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner from the VCU Medical Center. The SANE explained the forensic examination is conducted at the hospital. The SANE explained the process of the forensic examination and the services and tests offered at the time of the examination. The Auditor asked the SANE if a victim advocate is allowed to accompany the victim during the forensic examination. The SANE informed an advocate is allowed to accompany the victim if the victim requests the accompaniment. The SANE informed the Auditor no forensic examination has been performed on a victim from the Central Virginia Correctional Unit #13 in the past 12 months. The facility reported no offender was sent to the hospital for a forensic examination during the previous 12 months.

The Auditor conducted formal interviews with medical practitioners. The Auditor asked if medical practitioners conduct forensic examinations at the facility. Medical practitioners stated they do not conduct forensic examinations at the CVCU #13. The Auditor was informed that forensic examinations are conducted at the VCU Medical Center by a certified SANE. The Auditor asked when the last offender was sent for a forensic examination following an allegation of sexual abuse. Medical practitioners stated they are not aware of an offender being sent for a forensic examination.

The Auditor conducted a formal interview with agency investigators. Investigators were asked to explain the process when investigating allegations of sexual abuse. Investigators stated as soon as it is determined an act of sexual abuse requires a forensic examination, arrangements are made to immediately transport the offender to the VCU Medical Center.

The Auditor was informed criminal investigations of sexual abuse are conducted by the VADOC Special

Investigations Unit. The Auditor asked how evidence collection occurs at the facility. Investigators explained the SIU Investigator responds to the facility and collects evidence from the crime scene. The CVCU #13 staff preserve the crime scene until the SIU Investigator arrives to process and collect the evidence.

The Auditor conducted a telephone interview with a VADOC SIU Investigator. The Investigator explained he reports to the facility and collects evidence from the crime scene. The SIU investigator reports to the hospital and interviews the alleged victim and receives the evidence collected by the SANE. The Auditor asked if a victim advocate is allowed to be present when the alleged victim is questioned. The Auditor was informed if the alleged victim requests the presence of the victim advocate the Investigator allows his/her presence during the questioning. The Auditor asked the Investigator the last time he reported to the VCU Medical Center following an alleged sexual abuse incident. The Auditor was informed the Investigator has not had to respond to the hospital following an alleged sexual abuse within the past 12 months. Each VADOC Special Investigations Unit Investigator is a sworn law enforcement officer in the Commonwealth of Virginia. Each has the authority to conduct criminal investigations and follow a uniformed evidence protocol for evidence collection.

The facility reported no instance that required an offender to be transported to the VCU Medical Center for a forensic examination in the previous 12 months.

Conclusion:

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- 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).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 030.4 Special Investigations Unit/Matrix
- Code of Virginia 53.1-10
- Investigative Records
- Agency Website
- Interviews with Staff

- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections policy is to ensure an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The VADOC conducts both administrative and criminal investigations. The Virginia Department of Corrections' Special Investigative Unit (SIU) Investigators have the legal authority to conduct such investigations. Agency policy requires SIU Special Agents to be sworn police officers in the State of Virginia.

Policy requires the initial investigation be conducted by a Facility Investigator or other staff member who has received the required specialized training. When the Investigator determines the sexual abuse allegation requires the SIU to investigate, the Investigator notifies the Regional PREA Analyst. All allegations of sexual abuse or sexual harassment must be referred for investigation by SIU, unless the Facility Investigator quickly and definitively determines the allegation is unfounded.

The Chief of SIU or designee reviews the nature of allegations received and determines if an investigation by SIU is warranted. Facility staff are required to cooperate with SIU. VA DOC Special Agents are authorized to conduct investigations into criminal activity, procedural and administrative violations, and employee misconduct affecting the operations of the DOC. The conduct of investigations is stipulated in the agency's Special Investigations Unit policy - 030.4.

Analysis/Reasoning:

Operating Procedure 038.3

2. The annual report will include a comparison of the current year's data and corrective actions with the data and corrective action plans from prior years as well as an assessment of the DOC's progress in addressing sexual abuse. (§115.88[b], §115.288[b]) a. The report must be made readily available to the public through the DOC Public website. The PREA/ADA Supervisor and the Director must review and approve the annual report before publicly posting it. (§115.88[c], §115.288[c])

Operating Procedure 030.4

D. The SIU is authorized to: 1. Conduct investigations of all felony and misdemeanor violations of law committed in and against the DOC, and serious allegations of staff/employee misconduct and administrative violations. The investigations include allegations involving economic crime and drug/contraband matters.

2. Conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure. (§115.22[d], §115.222[d]) 3. Serve as the DOC resource for polygraph examinations, forensics, economic crime investigations, and digital photography.

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. (§115.22[a], (§115.222[a])

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. (§115.22[b], §115.222[b])

The Auditor reviewed the Virginia Department of Corrections' website. The VADOC website includes a

link to access the agency's PREA policy. The policy includes the agency's conduct of investigating allegations of sexual abuse and sexual harassment. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment and either the Institutional Investigator or Special Investigations Unit Investigator conduct an investigation once receiving a claim of sexual misconduct or sexual harassment against a staff member or offender.

The Code of Virginia, §53.1-10 Powers and duties of Director allows the Director of the Virginia Department of Corrections, "To designate employees of the Department with internal investigations authority to have the same power as a sheriff or a law-enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department. Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services under § 9.1-102 for law-enforcement officers prior to exercising any law-enforcement power granted under this subdivision..."

The Auditor conducted a formal interview with facility Sexual Abuse Investigators. The Auditor asked Investigators to explain the process once an allegation appears to be criminal in nature. Each Investigator stated that the SIU Investigator is notified immediately to conduct a criminal investigation. The referral to the SIU is documented by each Investigator. The CVCU #13 has one (1) staff member who have received training to conduct administrative investigations in the facility. The agency has trained nineteen (19) SIU Investigators. The SIU investigates criminal acts of sexual abuse that occur in agency facilities. CVCU #13 Investigators have referred no allegations to the SIU for a criminal investigation in the previous 12 months.

The Auditor conducted a telephone interview with an agency SIU Investigator. The Auditor asked the investigator to explain his authority in conducting criminal investigations. The Investigator explained he is a certified law enforcement officer in the Commonwealth of Virginia. The investigator has the legal authority to arrest and place criminal charges on persons inside and outside the Central Virginia Correctional Unit #13. The Investigator explained he reports to the facility when notified by the facility Investigator to conduct an investigation. If the SIU Investigator determines the act may not be prosecutable it is referred back to the facility Investigator for an administrative investigation. The Investigator explained he consults with the Commonwealth's Attorney for prosecutorial efforts.

The facility reported 1 allegation of sexual abuse and sexual harassment were received within the previous 12 months. No allegations were referred for criminal investigation. One (1) allegation resulted in an administrative investigation.

The SIU Investigator informed the Auditor he has not referred a case to the Commonwealth's Attorney that was prosecuted during this audit period. The Auditor was informed that the SIU Investigator does not have an open investigation from the CVCU #13 at the time of the audit.

The Auditor conducted formal interviews with confined persons who made an allegation of sexual abuse. The Auditor asked each if they spoke to an investigator after making the allegation. Each informed the Auditor they did speak to an investigator. The Auditor asked each how long it took before the investigator met with them. Each confined person stated they met with the investigator quickly.

No department of justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Central Virginia Correctional Unit #13.

Conclusion:

The Auditor concluded the Central Virginia Correctional Unit #13 appropriately refers criminal allegations of sexual abuse and sexual harassment to the SIU office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, interviewing staff and confined persons, the Auditor determined the facility meets the requirements of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- 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 ☐ No
- 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 ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 102.6 Staff Orientation

- Policy - 350.2 Training and Development
- Training Curriculum
- Training Test Trainer
- Outline Training

- Checklist
- Training Records
- PREA/ADA News Letters
- Interviews with Staff
- Interviews with Offenders

Auditor Discussion:

The Virginia Department of Corrections policy stipulates employees receive the following training during Orientation and In-Service:

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

Agency policy requires training be tailored to the gender of the offenders at the employee's facility. Employees are provided additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Policy requires the agency to document through employee signature or electronic verification that employees understand the training they have received.

All security staff In-Service training includes supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures.

Analysis/Reasoning:

Operating Procedure 102.6

1. The DOC will train all employees who may have contact with offenders on: (§115.31[a], §115.231[a]) a. Its zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures c. The offenders' right to be free from sexual abuse and sexual harassment d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment e. The dynamics of sexual abuse and sexual harassment in confinement f. The common reactions of sexual abuse and sexual harassment victims g. How to detect and respond to signs of threatened and actual sexual abuse h. How to avoid inappropriate relationships with offenders i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual,

transgender, intersex, or gender nonconforming offenders j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Operating Procedure 350.2

H. Prison Rape Elimination Act (PREA) In-service Requirements (§115.31[a, c], §115.231[a, c]) 1. In- service training programs will include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas: a. DOC zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures c. Inmate/probationer/parolee right to be free from sexual abuse and sexual harassment d. The right of inmates/probationers/parolees and employees to be free from retaliation for reporting sexual abuse, sexual harassment, or for cooperating with an investigation into an allegation of sexual abuse or sexual harassment e. The dynamics of sexual abuse and sexual harassment in confinement f. The common reactions of sexual abuse and sexual harassment victims g. How to detect and respond to signs of threatened and actual sexual abuse h. How to avoid inappropriate relationships with inmates/probationers/parolees, see Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders i. How to communicate effectively and professionally with inmates/probationers/parolees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

2. Such training will be tailored to the gender of the inmates at the employee's facility. The employee will receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. (§115.31[b], §115.231[b]) 3. The agency will document, through employee signature or electronic verification that employees understand the training they have received. (§115.31[d], §115.231[d]) 4. Security Staff In-Service iii. Supervision of inmate/probationer/parolees including training on the current DOC sexual abuse and sexual harassment policies and procedures (§115.31[c], §115.231[c])

The Auditor reviewed the agency's training curriculum utilized to train staff. The VADOC curriculum includes all training topics as bulleted above. The VADOC instructor teaches from the Trainer Outline to train all staff. Each new staff member is provided the training during their orientation when they are initially hired and at the Correctional Officer Basic class in the Training Academy. The facility provides PREA training to all staff annually. The training provided during the basic academy is not tailored to any gender as the agency houses male and female confined persons. The Central Virginia Correctional Unit #13 houses female confined persons. Each employee is provided with a participant outline during training. All VADOC PREA classes require the participant to pass a test upon completion of the class.

The facility reported there are 79 staff currently employed on the pre-audit questionnaire. The Auditor reviewed the CVCU #13 staff training records. Training records reveal all staff are provided the PREA training. The Auditor reviewed training records for the previous 12-month period. All staff had been provided annual in-service training and signed a Prison Rape Elimination Act (PREA) Training Acknowledgement Form. The agency's acknowledgement form requires staff to sign receipt and understanding of the following:

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

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

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

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

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The offenders interviewed articulated staff respond to incidents, take sexual abuse and sexual harassment seriously and had confidence in staff's abilities. The confined persons collective responses allowed the Auditor to determine staff respond to the population as they have been appropriately trained to do. The population interviewed stated the overwhelming majority of staff can be trusted to maintain their information confidentially.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training

topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, newsletters, conducted interviews with staff and confined persons and determined the facility meets the requirements of this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 ☐ No

115.32 (b)

- 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 ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 027.1, Volunteer and Internship Programs
- Policy - 038.3, Prison Rape Elimination Act

- Policy 102.6, Staff Orientation
- Policy - 350.2, Training and Development
- Volunteer/Contractor PowerPoint Presentation
- Volunteer/Contractor Trainer Outline
- A Guide to Maintaining Appropriate Boundaries with Offenders Brochure
- PREA Training Acknowledgement
- Contractor Log
- Volunteer Log
- Interview with Contractor
- Interview with Volunteer

Auditor Discussion:

The Virginia Department of Corrections policy requires the Statewide and Organizational Unit Volunteer Coordinator, as applicable will ensure all volunteers who have contact with offenders receive training regarding their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers is based on the services they provide and the level of contact they have with offenders. The policy requires all volunteers who have contact with inmates be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Each volunteer is required to sign a Volunteer Agreement that documents the volunteer's receipt and understanding of the materials.

Program visitors are provided A guide to Maintaining Appropriate Boundaries with Offenders as notification of the DOCs zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. Receipt of such are documented in the facility "sign-in" log. All Volunteers receive a documented orientation and training appropriate to their volunteer duties. Volunteers are required to sign the Volunteer Agreement upon completion of orientation and training. Volunteers under the general supervision of other volunteers are provided orientation and training to the following, but not limited to, policies:

- 038.3 - Prison Rape Elimination Act (PREA)
- 135.1 Standards of Conduct
- 135.2 Rules of Conduct Governing Employees Relationships with Confined Persons

The agency requires these volunteers sign the Volunteer Orientation Checklist upon receipt. The agency has a policy which requires contractors who have or could have contact with offenders receive training regarding their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. Policy requires the level and type of training contractors receive is based upon the services they provide and the level of contact they may have with offenders. Contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Each is required to sign the Prison Rape Elimination Act Training Acknowledgement.

Analysis/Reasoning:

Operating Procedure 027.1

D. The Statewide and Unit Volunteer Coordinator or the Department and Unit Internship Coordinator, as applicable, will ensure that all volunteers/interns who have contact with offenders have been trained on

their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (§115.32[a], §115.232[a])

Operating Procedure 038.3

2. Contractors, Volunteers, and Interns a. All DOC contractors, volunteers, and interns who have or could have physical, visual, or auditory contact with inmates and CCAP probationers/parolees are trained on their responsibilities to prevent, detect, monitor, and report allegations and incidents of inmate and CCAP probationer/parolee sexual abuse and sexual harassment . (§115.32[a], §115.232[a])
b. The level and type of training provided to contractors, volunteers, and interns is based on the services provided and the level of contact they have with the inmates and CCAP probationers/parolees. (§115.32[b], §115.232[b]) i. At minimum, staff will notify contractors, volunteers, and interns of the DOC's Zero Tolerance Policy regarding sexual abuse and sexual harassment and will inform them on how to report such incidents. ii. Staff will give each contractor, volunteer, and intern a copy of Attachment 4, A Guide to Maintaining Appropriate Boundaries with Inmates or CCAP Probationers/Parolees for Contractors and Volunteers of the Virginia Department of Corrections. iii. Contractors, volunteers, and interns are required to sign Attachment 6, Prison Rape Elimination Act (PREA) Training Acknowledgement

Operating Procedure 102.6

B. Volunteers, Interns, and Contractors 1. The agency must ensure that all interns, volunteers and contractors who have contact or could have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response procedures and have signed the Prison Rape Elimination Act (PREA) Training Acknowledgement attachment to Operating Procedure 038.3, Prison Rape Elimination Act (PREA). (§115.32[a], §115.232[a])

Operating Procedure 350.2

H. Prison Rape Elimination Act (PREA) In-service Requirements (§115.31[a, c], §115.231[a, c]) 1. In- service training programs will include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas: a. DOC zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures c. Inmate/probationer/parolee right to be free from sexual abuse and sexual harassment d. The right of inmates/probationers/parolees and employees to be free from retaliation for reporting sexual abuse, sexual harassment, or for cooperating with an investigation into an allegation of sexual abuse or sexual harassment e. The dynamics of sexual abuse and sexual harassment in confinement f. The common reactions of sexual abuse and sexual harassment victims g. How to detect and respond to signs of threatened and actual sexual abuse h. How to avoid inappropriate relationships with inmates/probationers/parolees, see Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders i. How to communicate effectively and professionally with inmates/probationers/parolees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities 2. Such training will be tailored to the gender of the inmates at the employee's facility. The employee will receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

(§115.31[b], §115.231[b]) 3. The agency will document, through employee signature or electronic verification that employees understand the training they have received. (§115.31[d], §115.231[d]) 4. Security Staff In-Service iii. Supervision of inmate/probationer/parolees including training on the current DOC sexual abuse and sexual harassment policies and procedures (§115.31[c], §115.231[c])

The Auditor reviewed the agency's Volunteer and Contractor Trainer Outline. A PowerPoint Presentation is utilized to provide in-person training to each contractor and volunteer. The PowerPoint Presentation coincides with the trainer outline. The PowerPoint Presentation and trainer outline includes the following sections:

- What is PREA;
- The Nine Purposes of PREA;
- OP 038.3 Sexually Abusive Behavior Prevention and Intervention;
- Zero Tolerance Policy;
- OP 130.1 Rules of Conduct Governing Employees Relationships with Offenders;
- Myths;
- The Dynamics of Sexual Abuse and Sexual Harassment in Confinement;
- Common Reactions of Sexual Abuse and Sexual Harassment Victims;
- Detection Strategies;
- Avoiding Inappropriate Relationships with Offenders; and
- Summary.

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

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

The agency has created, "A Guide to Maintaining Appropriate Boundaries with Offenders."

Each contractor and volunteer is provided the brochure during their orientation training. The brochure includes the following sections:

- A Duty to Report;
- Red Flags;

- Prevention;
- Resources;

- Prison Rape Elimination Act:
- Detecting, Reporting, Prevention; and
- Policy.

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

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

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

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

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

The facility reported that 67 contractors and 23 volunteers were authorized to perform services in the facility. The Auditor reviewed the training records of all contractors and volunteers. The review of records reveals the facility is training contractors and volunteers prior to enlisting their services. Each contractor and volunteer signed the PREA Training acknowledgement form after completing the training.

The Auditor conducted formal interviews with contract personnel. Each contractor interviewed verified they had been provided training related to the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The Auditor asked each specific questions related to the agency's policies and procedures for reporting allegations of sexual abuse and sexual harassment. Each contractor understood their requirements for reporting allegations, information and knowledge related to such. Each was asked to explain

their responsibilities under the VADOC policies related to sexual abuse. Each

contractor provided responses that reveal they understand their rights and responsibilities according to the agency's policies and procedures. All contractors were aware the VADOC maintains a zero-tolerance policy towards acts of sexual abuse and sexual harassment. The Auditor was informed contractors receive PREA training every year by the facility.

The Auditor conducted an interview with the facility volunteers. The volunteers was asked if they were provided with training by the facility. The volunteers acknowledged they had been provided with training prior to performing services in the facility. They received a copy of the brochure, policies and attended an orientation. The volunteers explained they did sign a form acknowledging receipt and understanding of the training. The Volunteers were asked what actions they would take if a confined person reported an allegation of sexual abuse to them. They explained they would stay with the offender and immediately inform the Officer in Charge. The volunteers stated they would inform the confined person not to do anything that would destroy physical evidence.

Conclusion:

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

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- 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 ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- OP 038.3 Prison Rape Elimination Act, pg. 4-5
- OP 810.2 Transferred Offender Receiving and Orientation, pg. 7 Zero Tolerance Brochure
- Preventing Sexual Abuse and Assault Training Acknowledgement Preventing Sexual Abuse and Sexual Assault Trainer Comprehensive Outline Preventing Sexual Abuse and Sexual Assault Trainer Intake Outline
- CVCU #13
- Offender Handbook
- Interviews with Staff
- Interviews with Confined Persons
- Observations

Operating Procedure 038.3

Prevention A. Offender Training All offenders newly received into the DOC from a jail or other non-DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. (5-ACI3D-09; 4- 4281-1; §115.33[a], §115.233[a]) a. This information must be communicated verbally and in writing, in language clearly understood by the offender and will include the following topics: (5-ACI-3D-09; 4-4281-1) i. Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders ii. DOC Zero Tolerance Policy iii. Prevention/ Intervention iv. Self- protection v. Reporting sexual abuse/assault/harassment vi. Treatment and counseling vii. Offender telephone sexual abuse Hotline Number #55 viii. Free Emotional Support through Hotline Number #55, Option 2 Facilities must make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. (§115.33[d] §115.233[c])

Within 10 days of arrival, the offender will receive a comprehensive PREA training, utilizing Attachment 2b, Preventing Sexual Abuse & Sexual Assault - Trainer Outline (Comprehensive) and the video PREA: What You Need to Know. (§115.33[b], §115.233[a]) The offender must document receiving the Preventing Sexual Abuse and Sexual Assault Trainings (Comprehensive) by signing the Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S). (§115.33[e], §115.233[d])

Offenders received from another DOC facility must be provided a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment that includes the

Sexual Assault Hotline Number. (See Attachment 1E, Attachment 1H for Hearing Impaired, or Attachment 1S for Spanish Version.) (§115.33[c]), §115.233[b]) a. If the signed Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4

(Spanish 038_F4S) is not available in VACORIS, the offender must be provided the comprehensive PREA training as described for an offender newly received into the DOC. b. The signed Acknowledgement must be uploaded as an external document in VACORIS and identified as a Special Entry Note on the date the training was completed. Once uploaded, the paper form does not need to be retained. 3. In addition to providing such training and education, each facility will ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. (§115.33[f] §115.233[e])

Operating Procedure 810.2

Prison Rape Elimination Act (PREA) offender training and information must be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA). 1. An offender 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. 2. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the offender must be provided the PREA training as described for a new intake. (§115.33[c])

The agency provided the offender education curriculum for review as part of the pre-audit information to review. All required elements of the standard are included in the offender education. When offenders arrive at CVCU #13, they are provided with a paper on PREA which provides information on what PREA is and how to make a report at the facility. This is provided at intake. They will also receive a more comprehensive training on PREA within the first few days at the orientation training. They will watch a video and have the opportunity to ask questions. Once they participate in this training, they will sign the "Preventing Sexual Abuse and Assault Training Acknowledgement". This documentation is kept on file for review. PREA information is also included in the Offender Orientation Handbook. This handbook not only includes information on PREA, but also on the grievance process and how to use that process when PREA is involved. During the onsite audit visit, this Auditor randomly selected offenders to view the signed acknowledgement forms. This information was provided.

There were 302 offenders admitted during the past 12 months who were given this information at intake. There were 302 offenders during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Of those who were not educated during the first 30 days of intake, all offenders have been educated subsequently. In addition, during the interviews with offenders, questions were asked regarding the education they were provided on PREA, what it is, how to report, etc.

The vast majority of offenders were able to provide information on PREA and discuss how and when the facility provided them with this information. Different formats of information are available to ensure that all offenders are able to receive education and understand PREA and reporting methods at the facility. These were reviewed by this Auditor onsite.

Conclusion:

The Auditor concluded the offender population at the CVCU #13 have been appropriately educated in the

agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed the agency's policies, procedures, offender records, Offender Handbook, Zero Tolerance Brochure, training outlines, interviewed staff and offenders to determine the facility meets the requirements of this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 ☐ No ☐ NA

115.34 (b)

- 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 ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.34 (c)

- 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 ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 030.4, Special Investigations Unit
- Policy - 350.2, Training and Development
- Training Curriculum
- Investigations Matrix
- Investigator Power Point Presentation
- Training Records
- Interviews with Investigators

Auditor Discussion:

The Virginia Department of Corrections policy requires newly received offenders from a jail or other non- DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual

harassment. Staff are required to provide the information verbally and in writing, in a language clearly understood by the offender and must include the following topics:

- Definition of sexual misconduct; assault, and behaviors prohibited by staff, contractors, volunteers and offenders;
- Zero Tolerance Policy;
- Prevention/Intervention;
- Self-Protection;
- Reporting Sexual Abuse/Assault/Harassment;
- Treatment and Counseling;
- Offender Telephone Sexual Abuse Hotline Number; and
- Free Emotional Support Through Hotline Number.

Each facility is required to make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The policy requires each offender will receive a comprehensive PREA training within 10 days of arrival. The agency utilizes the Preventing Sexual Abuse & Sexual Assault - Trainer Outline and the PREA: What You Need to Know video. Offenders are required to acknowledge receipt of the training on the Preventing Sexual Abuse and Assault Training Acknowledgment form.

Any facility that receives an offender from another VADOC facility is provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the facility must provide the training to the offender.

The agency requires each facility ensure key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

Analysis/Reason

Operating Procedure 030.4

E. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations. (§115.71[b], §115.271[b]) 1. In addition to the general PREA training provided to all employees, investigators will receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training will include: (§115.34[a], §115.234[a], §115.34[b], §115.234[b]) a. Techniques for interviewing sexual abuse victims. b. Proper use of Miranda and Garrity warnings. c. Sexual abuse evidence collection in confinement settings. d. Criteria and evidence required to substantiate a case for administrative action or prosecution referral. 2. The PREA Compliance Manager will maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by SIU investigators. (§115.34[c], §115.234[c])

Operating Procedure 350.2

F. PREA Investigators (§115.34, §115.234) 1. Sexual abuse and sexual harassment investigations will only be conducted by investigators who have received special training in sexual abuse investigations. 2. In addition to the general PREA training provided to all employees, facility investigators will receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training will include: a. Techniques for interviewing sexual abuse victims b. Proper use of Miranda and Garrity warnings c. Sexual abuse evidence collection in confinement settings d. Criteria and evidence required to substantiate a case for administrative action or prosecution referral 3. See Operating Procedures 030.4, Special Investigations Unit and 038.3, Prison Rape Elimination Act (PREA) for guidance on the requirements for PREA Investigations.

The agency requires all staff who conduct sexual abuse and sexual harassment investigations receive specialized training to conduct such investigations in confinement facility. Investigators are required to receive the general PREA training provided to all employees. The training required for those who conduct sexual abuse and sexual harassment investigations includes:

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

Analysis/Reasoning:

The VADOC trains all Special Investigations Unit Investigators and select staff at facilities. The Central Virginia Correctional Unit #13 has one (1) staff member who have received the specialized training. There are 19 SIU staff who have been trained to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed the training curriculum utilized to train agency investigators. The training developed for Institutional Investigators is titled, "PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings." The PowerPoint Presentation is 174 slides and includes all the bulleted topics as previously listed in the Auditor Discussion portion of this standard.

The Auditor reviewed the agency's training curriculum utilized to train the Special Investigations unit Investigators. The first two modules of the training PowerPoint was developed by the Moss Group, Inc. There are a total of 10 training modules in the 2.5-day class. The training course includes the following modules:

- PREA Refresher and Overview of the PREA Investigative Standards
- Legal Issues and Agency Liability
- Overview of VADOC Policies and Procedures
- Agency Culture and Boundary Issues
- First Response and Evidence Collection
- Forensic Medical Exam
- Trauma and Victim Response
- Prosecutorial Collaboration
- Interviewing Techniques
- Report Writing

In addition to the in-person training, the agency requires its investigators complete the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting" online course. The Auditor verified each investigator course includes interviewing victims, Miranda and Garrity Warnings, evidence collection, and criteria and evidence to substantiate a case. The Auditor reviewed the training records of all SIU and CVCU #13 Investigators. Each investigator had received specialized training for investigators. The agency maintains a training certificate for each investigator. In addition, the training records revealed each investigator received the same training offered to all VADOC employees.

The Auditor formally interviewed CVCU #13 Sexual Abuse Investigator. The Auditor asked the Investigator to explain the topics included in the specialized training he received. The Investigator was able to articulate the topics as bulleted above in this standard. The Auditor asked the Investigator to explain the process utilized when conducting investigations. His responses indicate the investigator had been appropriately trained to conduct sexual abuse investigations in confinement settings. The Investigator discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral.

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

A review of investigative reports appears to support the Investigators have been appropriately trained to conduct investigations in a confinement setting. The agency utilizes an Investigations Matrix. The matrix includes the investigations that are conducted by the following:

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

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

No department of justice component is required to investigate sexual abuse allegations in the Central Virginia Correctional Unit #13.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, Investigation Matrix, PowerPoint

Presentations, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- 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 ☐ No ☒ NA

115.35 (c)

- 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 ☐ No ☐ NA

115.35 (d)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 701.1, Health Services Administration
- Policy - 102.6 Staff Orientation
- Training Curriculum Training Records
- Interviews with Medical Practitioners
- Interview with Mental Health Practitioner

Auditor Discussion:

VADOC policy requires the Health Authority and/or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

In addition to the specialized medical training, agency policy requires medical and mental health care practitioners also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC.

Medical practitioners at the Central Virginia Correctional Unit #13 do not conduct forensic medical examinations.

Analysis/Reasoning:

Operating Procedure 701.01

I. The Health Authority and/or Institutional Training Officer will document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in: (§115.35[a, c], §115.235[a, c]) 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Operating Procedure 102.6

C. Health Care Providers - Medical and mental health care providers must also receive the training mandated for employees or for contractors, interns, and volunteers depending upon the provider's status in the DOC. (§115.35[d], §115.235[d])

Medical and mental health services at the Central Virginia Correctional Unit #13 are conducted by VADOC employees and supplemented with contractors. The agency utilizes contract personnel who provide services in the facility. The agency employs twelve (12) staff in the medical and mental health sections. All personnel in the medical and mental health department are required by agency policy to complete specialized training. The Auditor reviewed the records of all medical and mental health practitioners.

Records reveal each practitioner completed the specialized medical training. The facility documents attendance in specialized medical training. In addition to the specialized medical training, the Auditor verified each medical and mental health practitioner had been provided with the training offered to all staff and/or contract personnel.

Specialized medical training is provided to medical and mental health practitioners utilizing the National Institute of Corrections, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting." The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is provided the specialized training during their orientation and prior to performing services in the facility.

The Auditor conducted formal interviews with medical and mental health practitioners. Each practitioner informed the Auditor they had received both specialized training and the training offered to all VADOC employees. The Auditor was informed the training was provided during their orientation to the facility and each year thereafter. The Auditor questioned each medical practitioner about the training topics as required by this standard. The Auditor asked each to explain how medical staff treat victims while preserving physical evidence.

Each explained they treat the victim's life-threatening injuries while preserving any evidence in the process.

Each explained if there are no life-threatening injuries the nurse will obtain vital sign and obtain as much information as possible from the victim while waiting transportation to the hospital.

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

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

Medical personnel at the Central Virginia Correctional Unit #13 do not conduct forensic examinations. Forensic examinations are performed by a Sexual Abuse Nurse Examiner at the Virginia Commonwealth University Medical Center.

Conclusion:

The Auditor concluded medical and mental health professionals at the Central Virginia Correctional Unit #13 have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all VADOC staff. The auditor conducted a review of VADOC policies, procedures, training curriculum, training records and interviewed medical and mental health professional and determined the facility meets the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 ☐ No
- 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 ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.41 (f)

- 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 ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

115.41 (h)

- 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 ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 810.1, Inmate Reception and Classification
- Policy - 810.2, Transferred Inmate Receiving and Orientation
- Policy – 861.1, Offender Discipline, Institutions
- Policy – 730.2, MHWS: Screening, Assessment, and Classification
- Interviews with Staff
- Interviews with Confined Offenders

Auditor Discussion:

The agency's policy requires within 24 hours of arrival, prior to bed assignment, a classification assessment will be completed for each new offender entering the DOC and housing assignments will be made accordingly. The classification assessment includes a review of the following factors:

- History of assaultive behavior;
- Potential for victimization;
- History of prior victimization;
- Special medical or mental health status;
- Escape history;
- Age;
- Enemies or Offender separation information;
- Any other related information.

The agency requires the classification assessment is approved within 72 hours of the confined person's arrival at the institution. Within 21 days of an offender's arrival, staff are required to meet with the offender and reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the offender's intake screening. Policy dictates the reassessment cannot be completed before 14 days and must be completed before 21 days. The agency also requires an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The agency prohibits offenders from being disciplined for refusing to answer or for not disclosing complete information in response to questions asked in

the classification assessment interview.

The VADOC has a policy to ensure sensitive information is not exploited to the offender's detriment by staff or other offenders. Policy stipulates, "...responses to Classification Assessment questions regarding an offender's risk of sexual victimization and abusiveness will only be disseminated in accordance with this operating procedure." The operating procedure requires the information "...will be used by institutional staff in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive."

Analysis/Reason

Operating Policy 810.1

Staff using the results of the Classification Assessment in VACORIS and available inmate records 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. (5-ACI-3D-10; §115.41[a], §115.41[d])

Operating Policy 810.2

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. (§115.41[a]) 1. A Counselor or other non-clerical staff member will complete a new Classification Assessment in VACORIS.

Staff using the results of the Classification Assessment in VACORIS and available inmate records, 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. (5-ACI-3D-10; §115.41[a], §115.41[d])

Operating Procedure 861.1

106. a. Sexual assault upon or making forcible sexual advances toward a non-offender (§115.78[e]) b. Sexual assault upon or making forcible sexual advances toward an offender (§115.78[a, g]) Offenses 106a and 106b - An offender convicted of sexual assault and any offender victims should be referred to their counselor for reassessment of the offender's risk of sexual victimization or abusiveness. At the discretion of the Hearings Officer, a conviction of Offenses 233a and 233b may also warrant referral. (§115.41[g])

Operating Procedure 730.2

4. An inmate'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 inmate's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g]) a. 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. (§115.62, §115.262) b. Psychology

Associates will 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. (§115.83[h], §115.283[h])

- i. Other than routine monitoring (e.g., in Restrictive Restorative Housing Unit), mental health and wellness services are not automatically offered to the alleged/founded perpetrator of the sexual assault. (changed 9/1/21)
- ii. If mental health and wellness services are provided, e.g., if the alleged/founded perpetrator requests such services, a Psychology Associate other than the Psychology Associate who assessed and/or provided services to the alleged/founded victim of the assault should follow up.

The agency uses an electronic record keeping system known as VACORIS. The Auditor reviewed the agency's VACORIS form utilized to screen offenders upon admission. The screening tool is objective in nature and includes the following considerations:

- a. Mental, physical, and developmental disabilities;
- b. Age of the offender;
- c. Physical stature; Previous offenses;
- d. Criminal history, including exclusively non-violent history;
- e. Prior convictions for sex offenses against adults or children;
- f. Sexual orientation, including gay, lesbian, bi-sexual, transgender, intersex and gender non-conforming;
- g. Previous experiences of sexual victimization; and
- h. Offender's own perception of vulnerability.

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

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

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

The Auditor conducted a formal interview with the facility's Case Manager. The Case Manager conducts the risk screening of each offender in an office. The office is a private area and is conducted in a manner so other staff and offenders cannot hear the answers provided by the offender being screened. The Auditor asked the Case Manager how long after arrival does she conduct the risk screening. The Case Manager meets with the offender within an hour of arrival. The Auditor asked if any reassessments are conducted of offenders. The Case Manager informed the Auditor a reassessment is conducted of every offender within 21 days but no sooner than 14 days of the offender's arrival. The Case Manager explained she conducts a reassessment if they receive a referral, request, and after an incident of sexual abuse.

The Auditor asked the Case Manager to explain what she does if an offender refuses to answer the Classification Assessment questions. The Case Manager stated they use any information they can gather in the confined person's file to make a professional decision. The Auditor asked the Case Manager if they discipline a confined person for refusing to answer the questions. The Case Manager stated they do not

discipline confined persons for refusal to answer. The Auditor was informed the VADOC policy prohibits the disciplining of a confined person for refusing to answer questions related to the PREA questions.

The PREA Reassessment includes a section for the staff member to indicate if the confined person is identified as High Risk of Sexual Victimization or Abusiveness and indicate if a follow-up with the OMHP is offered.

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

The Auditor conducted formal interviews with confined persons. All confined persons targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Confined Persons stated they had been asked such questions during the booking process. The Auditor asked each confined persons if anyone at the facility had asked them the same questions after being booked into the facility. Some offenders stated they were asked some of the same questions during their annual evaluation. The Auditor was informed the Case Manager asked them questions in an office in the intake area.

The Central Virginia Correctional Unit #13 does not conduct a reassessment of vulnerability and aggressiveness prior to transfer to another facility as each VADOC facility is required to conduct an assessment upon the confined persons' arrival. At the time of the Audit there were no offenders detained solely for immigration purposes.

Conclusion:

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

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- 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 ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- 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 ☐ No

115.42 (e)

- 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 ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes
☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3, Prison Rape Elimination Act

- Policy - 425.4, Management of Bed and Cell Assignments
- Policy - 730.2, MHWS: Screening, Assessment, and Classification
- Policy - 810.2 Transferred Offender Receiving and Orientation

- Policy - 841.2 Offender Work Programs
- Policy - 810.1, Inmate Reception and Classification
- Policy - 830.5 Transfers, Institution Reassignments
- High Risk of Sexual Abusiveness Log
- High Risk of Sexual Victimization Log
- Offender Records
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The policy of the VA DOC is to use information from the offender's classification assessment to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Each facility's Work Program Assignment Reviewer is required to review classification assessments to ensure those confined persons at high risk of being sexually victimized are separated from those at high risk of being sexually abusive. Agency staff are required to make individualized determinations about how to ensure the safety of each offender. Policy requires the facility take into consideration whether an assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems when deciding whether to assign a transgender or intersex offender to a male or female facility. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by mental health staff with Gender Dysphoria must be made by the Gender Dysphoria Committee.

Agency staff are required to seriously consider a transgender and intersex confined person's own views with respect to their own safety. Facility housing and programming assignments are reviewed at least twice each year for any threats to safety experienced by transgender and intersex confined persons. Each transgender and intersex confined persons must be given the opportunity to shower separately from other confined person's in VADOC facilities. The agency prohibits placing lesbian, gay, bisexual, transgender, or intersex confined persons in a dedicated facility, housing unit, or wing solely on the basis of such identification or status.

Analysis/Reason Operating Procedure 038.3

D. Inmate and CCAP Probationer/Parolee Screening and Use of Screening Information 1. Staff, utilizing the results of the Classification Assessment and available inmate and CCAP probationer/parolee records, will screen all inmates and CCAP probationers/parolees for potential vulnerabilities or tendencies to act out with sexually aggressive or other violent behavior, at intake, transfer, and as needed; see Operating Procedure 810.1, Inmate Reception and Classification, Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, and Operating Procedure 940.4, Community Corrections Alternative Program. 2. Staff will use information from the Classification Assessment to determine appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those inmates or CCAP probationers/parolees at high risk of being sexually victimized from those at high risk of being sexually abusive. (§115.42[a], §115.242[a])

Operating Procedure 425.4

I. Bed and Cell Assignments A. Classification Assessment 1. Staff will use information from the inmate's Classification Assessment when determining appropriate housing and bed assignments with the goal of: (5-ACI-3D-10) a. Protecting inmates from personal abuse, personal injury, disease, property damage, harassment (5-ACI-3D-08) b. Separating inmates at a high risk of being sexually victimized from those at high risk of being sexually abusive; see Operating Procedure 810.1, Offender Reception and Classification, and Operating Procedure 810.2, Transferred Offender Receiving and Orientation. (§115.42[a]) c. Making individualized determinations about how to ensure the safety of each inmate. (§115.42[b]) 2. Housing and bed assignments for transgender or intersex inmates will be made on a case-by-case basis and will take into consideration whether an assignment would ensure the inmate's health and safety or whether the assignment would present management or security problems. (§115.42[c]) a. A transgender or intersex inmate's views with respect to their own safety will be given serious consideration. (§115.42[e]) b. When an inmate indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a "six month follow up" alert must be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment will add the alert and notify mental health staff by email. (§115.42[d]) c. Lesbian, gay, bisexual, or intersex inmates will not be placed in a dedicated housing unit or wing solely on the basis of such identification or status. (§115.42[g]) 3. Any information related to an inmate's sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to health care practitioners and other staff, as necessary, to make appropriate housing and bed assignments, or as otherwise required by Federal, State, or local law. (§115.81[d])

Operating Procedure 730.2

C. 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. (§115.42[c], §115.242[c])

Operating Procedure 810.2

3. Staff will use information from the Classification Assessment when making housing, bed, work, education, and program assignments with the goal of keeping inmates at a high risk of being sexually victimized separate from inmates at high risk of being sexually abusive. (§115.42[a])

Operating Procedure 841.2

10. Reviewing the Classification Assessment in VACORIS, and ensuring that those offenders at high risk of being sexually victimized are separated from those at high risk of being sexually abusive (§115.42[a])

Operating Procedure 810.1

3. Staff will use information from the inmate's Classification Assessment to determine appropriate housing, bed, work, education, and program assignments with the goal of keeping inmates at a high risk of being sexually victimized separate from inmates at high risk of being sexually abusive. (§115.42[a])

Operating Procedure 830.5

C. Classification to Protective Custody Units 1. The ICA or MDT, as appropriate, should reach a decision for a protective custody assignment based on substantial, credible information, and after an investigation confirms the need for protective custody; see Operating Procedure 830.1, Institution Classification Management, and Operating Procedure 830.6, Offender Keep Separate Management. For example, the offender: d. Is a High-Risk Sexual Victim (HRSV) or sexual abuse victim i. The institution will make individualized determinations about how to ensure the safety of each offender. (§115.42[b])

According to a memo from the Superintendent, “During the audit review period, Central Virginia Correctional Unit #13 did not house any transgender or intersex inmates”.

Counseling staff considers a confined persons own perceptions of their safety before making classification decisions. The screening tool includes sections where the counselor documents his/her own perceptions of the confined person.

The Auditor formally interviewed a facility Case Manager. The Case Manager was asked to discuss the classification process with transgender and intersex confined persons. The Auditor asked if the Case Manager considers a transgender/intersex confined persons own perception regarding their safety in the facility. The Case Manager informed the Classification Assessment requires her to ask confined persons about their own perception regarding safety. The Auditor asked the Case Manager how often transgender and intersex confined persons housing and placement assignments are reviewed. The Auditor was informed the reviews are conducted at least every six months to discuss their placement status. The reviews are documented in the VACORIS electronic record. A review of the HRSV and HRSA report reveals the Case Manager ensures confined persons identified at high risk of victimization are housed separately from those identified at high risk of abusiveness.

The Auditor observed all housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex confined persons have the opportunity to shower, change clothes and use the restroom without staff of the opposite gender seeing them fully naked.

At the time of the audit, the Central Virginia Correctional Unit #13 was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex confined persons.

Conclusion:

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

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 ☐ No
- 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 ☐ No

115.43 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- 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 ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- 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 ☐ No

- 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 ☐ No

115.43 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 425.4, Management of Bed and Cell Assignments
- Policy - 810.1, Inmate Reception and Classification
- Policy - 830.5 Transfers, Institution Reassignments
- Policy - 810.2 Transferred Offender Receiving and Orientation
- Sexual Abuse/Sexual Harassment Available Alternatives Assessment
- HRSA/HRSV Report
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections prohibits placing confined person at high risk for sexual victimization in restrictive housing without their consent unless an assessment of all available alternatives has been made, and a determination has been made by the Qualified Mental Health Professional in consultation with the Regional PREA Analyst and Shift Commander that there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative

means of separation can be arranged. This information is documented by the Shift Commander on the Sexual Abuse/Sexual

Harassment Available Alternatives Assessment form. Policy allows the offender to be placed in restrictive housing unit for up to two hours if the assessment cannot be completed immediately.

Agency policy provides programs and services similar to those available to general population confined person to confined persons in restrictive housing, to the extent feasible. Policy clearly requires staff document the opportunities that have been limited, the duration of the limitation and the reason for such limitations on the Denial of Activity or Service form when those identified as HRSV, or who have alleged to have suffered sexual abuse or sexual harassment are denied activities or services while in restrictive housing. Staff may place such confined person in restrictive housing only until an alternative means of separation from likely abuse can be arranged. The agency stipulates the assignment will not ordinarily exceed 30 days.

Analysis/Reason:

Operating Procedure 425.4

4. Inmates identified as High-Risk Sexual Victim (HRSV) or inmates alleged to have suffered sexual abuse or sexual harassment will not be placed in the Restorative Housing Unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the Psychology Associate in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers. (§115.43[a], §115.68). a. The institution must clearly document the basis for the institution's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68) i. The Shift Commander must complete the Sexual Abuse/Sexual Harassment Available Alternatives Assessment 425_F6 prior to placing the inmate in a Restorative 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 Restorative Housing Unit on general detention for up to two hours while completing the assessment. (§115.43[a], §115.68) iii. Immediately upon completion, a copy of the Sexual Abuse/Sexual Harassment Available Alternatives Assessment must be sent to the Regional PREA Analyst with a copy maintained in the PREA Investigation file. (§115.68) b. Inmates will remain in the Restorative Housing Unit only until an alternative means of separation from likely abuse can be arranged; this assignment will not ordinarily exceed 30 days. (§115.43[c], §115.68)

Operating Procedure 810.1

f. Inmates identified as HRSV will not be placed in the Restorative Housing Unit without their consent unless an assessment of all available alternatives has been made, and a Psychology Associate in consultation with the Shift Commander and Regional PREA Analyst, has determined there is no available alternative means of separation from likely abusers. (§115.43[a])

Operating Procedure 830.5

2. When an offender's need for personal protection is documented and no alternatives exist, the Shift Commander may authorize an offender's assignment to General Detention and placement in the restrictive Restorative Housing Unit pending review for protective custody assignments; see Operating Procedure 425.4, Management of Bed and Cell Assignments (Restricted), and Operating Procedure 841.4, Restrictive Restorative Housing Units. (changed 9/1/21) a. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in a restrictive 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. (§115.43[a], §115.68) (changed 9/1/21)

- f. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender's status. (§115.43[a], §115.68)

Operating Procedures 810.2

f. Inmates identified as HRSV will not be placed in the Restorative Housing Unit without their consent unless an assessment of all available alternatives has been made, and a Psychology Associate in consultation with the Shift Commander and Regional Prison Rape Elimination Act (PREA) Analyst, has determined there is no available alternative means of separation from likely abusers. (§115.43[a])

The facility reported no offender was placed in involuntary segregated housing for protection as a result of being identified as high risk of sexual victimization. The Auditor reviewed housing and classification records and discovered no evidence an offender had been identified at high risk of sexual victimization and placed in involuntary segregated housing as a result of such identification.

The Auditor conducted formal interviews with a facility Case Manager and security supervisors. The Auditor discussed the process of placing an offender identified at high risk of sexual victimization in involuntary segregated housing. Staff informed the Auditor the facility does not place offenders identified at high risk of sexual victimization in segregated housing. The facility reported they utilize other housing options to safely house those offenders. The Auditor questioned staff to gain an understanding of the policies in the event involuntary segregated housing is utilized for such purpose. The Auditor was informed that an immediate assessment is conducted to view available housing alternatives prior to placing the offender in segregated housing. When a confined person is placed in the Restrictive Housing Unit for protection from sexual abuse, facility staff are required to complete an immediate assessment and document the assessment on the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. The form includes the following information:

- a. Can the offender be reassigned to another housing unit;
- b. Was another alternative to involuntary segregated housing used, list option;
- c. Can offender be transferred to another facility;
- d. If allegation was made and staff is alleged perpetrator, was the staff member placed on administrative leave or placed on another post;
- e. Was the offender or alleged victim reassigned to Special Housing/Restrictive Housing Unit for Protective Custody;
- f. Is access to programs, privileges, education, or work opportunities restricted, if yes list which ones and why?

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

The Auditor asked supervisors and a Case Manager how they avoid placing an offender at high risk of

sexual victimization in the Restrictive Housing Unit. The Auditor was informed the facility has numerous housing units available for their placement. The Auditor asked what happens when the offender cannot be housed in any other housing unit. Any offender requiring protective custody can be transported to another facility. The Auditor was informed the VADOC also has a memorandum of understanding with out of state facilities for special circumstances. The Auditor asked the facility Superintendent how difficult it is to transfer a confined person. The Superintendent stated he can transfer a confined person as long as there is a legitimate need to transfer.

Each supervisor was asked if a confined person identified as high risk of sexual victimization receives opportunities to attend programs, education, work and/or receive other privileges. The Auditor was informed confined person in the restrictive housing unit are not routinely denied such. In the event they were placed in the Restrictive Housing Unit for a period of time they would have access to such, to the extent possible. The Case Manager informed the Auditor a review is conducted of each confined person in the Restrictive Housing Unit each week for the first two months then every 30 days after. Any restrictions to a confined person's access to programs, education, work or other privileges would be documented on the Sexual Abuse/Sexual Harassment Available Alternatives Assessment form.

The Auditor asked supervisors and the Case Manager when the last time an confined person was placed in involuntary segregated housing for the protection from sexual abuse. The Auditor was informed the facility has never placed a confined person in involuntary segregated housing for such reason. The Auditor asked supervisors and Case Manager what they would do if they determine a confined person could not be safely housed in the facility. The Auditor was informed they would recommend the confined person be transferred to another facility.

The Auditor conducted a formal interview with an officer who supervises confined person in the Restrictive Housing Unit. The officer was asked if confined person in segregated housing receive access to programs, privileges, work and education. The Auditor was informed privileges, programs, education and work opportunities in Restrictive Housing are not denied to confined person. The officer was asked how staff working the unit are made aware of restrictions if restrictions were placed on any confined person in the Restrictive Housing Unit. The Auditor was informed there would be a denial of services form completed on the specific confined person. The Auditor asked the officer if there has been a confined person housed in Restrictive Housing who had been identified at high risk of sexual victimization and placed in segregated housing for her protection. The officer stated there have been no confined person placed in restrictive housing for protection from sexual abuse.

The Auditor conducted a detailed tour of the facility. Observations were made of all confined person housing units. The Auditor observed numerous areas which can house confined person to ensure those identified at high risk of sexual victimization are protected from sexual abusers and without placing the confined person in involuntary segregated housing. The Auditor reviewed the facility's Offender Alert Report. The Offender Alert Report designates those who have been designated as high risk of sexual victimization (HRSV) and those designated at high risk for being sexually abusive (HRSA). The Auditor observed confined person on the HRSV list have been housed separately from those on the HRSA list.

The Auditor conducted formal interviews with lesbian, bisexual, transgender, previous victims of sexual abuse and confined person who filed an allegation of sexual abuse in the facility. Each confined person interviewed was asked if they had been placed in segregated housing as a result of their identification status or allegation made. None had been housed in segregated housing as a result of an allegation, having experienced

victimization or as being identified at risk of sexual abuse. Each transgender was asked if they had ever been placed in segregation involuntarily to protect them from sexual abuse. None of the confined person had been placed in segregation against their request to protect them from sexual abuse.

The Auditor conducted a review of 6 confined person records. A review of records revealed no one had been placed in involuntary segregated housing for protection from sexual abuse. Interviews with randomly selected confined person revealed none had been placed in the Restricted Housing Unit against their will to protect them from sexual abuse.

Per a memo from the Superintendent, "It is not the practice of Central Virginia Correctional Unit #13 to place inmates at high risk of sexual victimization in involuntary segregated housing. There were no instances during the 2024/2025 audit period that required placing an inmate in involuntary segregated housing."

There were zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. In the past 12 months, there were zero (0) number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, there were zero (0) number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged.

Conclusion:

The facility has appropriate procedures in place to ensure confined person identified at high risk of sexual victimization who are placed in involuntary segregated housing receive appropriate placement, reviews and other privileges. The Auditor reviewed VADOC policies, procedures, classification records, housing records, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, Offender Alert Report, made observations and interviewed staff and confined persons to determine the facility meets the requirements of this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.51 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- 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)
☐ Yes ☒ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.1 Reporting Serious or Unusual Incidents

- Policy - 801.6 Inmate and CCAP Probationer/Parolee Services
- Policy - 038.3 Prison Rape Elimination Act
- Policy - 803.3 Offender Telephone Service
- Policy - 866.1 Offender Grievance Procedure, Institutions
- Zero Tolerance Brochure
- Offender Handbook
- MOU Contract Virginia Sexual and Domestic Violence Action Alliance
- Investigative Records
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Confined Persons at the Central Virginia Correctional Unit #13 may report verbally or through written communication in the following manners:

- Verbally to any staff member including chaplains, medical, mental health or counselors, security staff or administrators
- Using the Sexual Assault Hotline Number
- Offender Request Form
- Informal Complaint Form
- Grievance or Emergency Grievance
- Third Party

The agency allows offenders to privately report sexual abuse to a private entity that is not part of the agency. The private entity is able to immediately forward allegations of sexual abuse and sexual harassment to the agency. The entity allows offenders to remain anonymous upon their request. The agency provides this reporting avenue to offenders through a contract with the Virginia Sexual and Domestic Violence Action Alliance.

The Virginia Department of Corrections requires staff to accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and requires staff promptly document verbal reports on an Internal Incident Report with PREA checked in the description field. The agency also requires staff accept any report of sexual abuse and sexual harassment made on an informal complaint, request form or through the offender grievance procedure and immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager.

The agency's policy stipulates staff can privately report sexual abuse and sexual harassment of offenders through the established reporting hotline (telephone number provided).

Analysis/Reason

Operating Procedure 0.38.1

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. (§115.51[c], §115.251[c])

Operating Procedure 801.6

Sexual Abuse and Sexual Harassment Services A. The Facility Request is one internal way that inmates and CCAP probationers/parolees can privately report sexual abuse and sexual harassment, retaliation by other inmates, CCAP probationers/parolees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. (§115.51[a], §115.251[a]) B. Staff must accept all Prison Rape Elimination Act (PREA) related reports submitted by an inmate or CCAP probationer/parolee on a Facility Request. (§115.51[c])

Operating Procedure 038.3

Detection and Reporting A. Inmate and CCAP Probationer/Parolee Responsibilities- 1. 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. (5ACI-3D-15, §115.51[a], §115.251[a]) a. Any inmate or CCAP probationer/parolee who is sexually assaulted should immediately notify staff that the sexual assault occurred. b. Any inmate or CCAP probationer/parolee who observes, is involved in, or has any knowledge or suspicion of a sexual assault or an unauthorized relationship should immediately notify staff. c. Inmates and CCAP probationers/parolees will not be required to report sexual assault to the immediate point-of-contact line officer only; an inmate or CCAP probationer/parolee may report a sexual assault to any staff member using any available method to include: (§115.51[a])

3. Inmates and CCAP probationers/parolees can choose to report sexual abuse and sexual harassment to an advocate with the Action Alliance, a non-DOC organization, who is able to receive, and immediately forward inmate and CCAP probationer/parolee reports of sexual abuse and sexual harassment to the DOC while allowing the inmate or CCAP probationer/parolee to remain anonymous upon request. (§115.51[b]),

Operating Procedure 803.3

Offender Hotline A. Offenders who have complaints or questions about the telephone service should be referred to the vendor's hotline, accessible by dialing 1 for English or 2 for Spanish, then dialing 0 for collect call, then entering their offender identification code (DOC state ID + 4-digit GTL assigned PIN), and dialing #21 from the offender telephone system. 1. The hotline is available from 7:00 A.M. to 9:00 P.M., Monday through Thursday, and 7:00 A.M. to 3:00 P.M. on Friday. 2. The hotline is closed on weekends and holidays. 3. The vendor is not required to respond to messages left on the Hotline outside of business hours; see ICM Offender Dialing Instructions. B. PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available. (§115.51[a], §115.251[a])

Operating Procedure 866.1

- A. The Offender Grievance Procedure is one way in which offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and/or any

staff neglect or violation of responsibilities that may have contributed to such incidents. (§115.51[a])

The Auditor reviewed the facility's Offender Handbook. The handbook includes a section regarding grievances alleging sexual abuse. The Emergencies and Emergency Grievances section informs confined persons emergency grievances are provided for confined person reporting and expedited staff responses to allegations that a confined person is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the confined person to immediate risk of serious personal injury or irreparable harm. The Offender Handbook informs confined persons they may report allegations:

- Verbally Dial #55
- Offender Request
- Informal Complaint or Emergency Grievance
- Writing the Action Alliance (Address provided)
- Third Party (address, email address, telephone number provided)

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

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

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

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

The Auditor participated in a detailed tour of the Central Virginia Correctional Unit #13. The tour included all offender housing units and support areas. Observations were made of posters and postings throughout the facility that inform offenders about the agency's zero- tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. The postings include the agency's available hotline number to the Family Violence and Sexual Assault Hotline. Confined Persons are not required to input a designated PIN number to dial the hotline number. This ensures confined persons can remain anonymous upon request. The Auditor tested the agency's reporting hotline from an offender telephone. The Auditor received an immediate response after placing the telephone call.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to

the offender population. All staff are provided the training in orientation during the Correctional Officer

Basic Course and during annual in-service training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's policy. The policy states, "Staff can privately report the sexual abuse and sexual harassment of offenders through the established reporting hotline at [number provided]."

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

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

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept all reports of sexual abuse, sexual harassment, retaliation and staff neglect. Staff informed the Auditor they are required to accept such reports. Staff stated they are required to report allegations immediately to the Shift Commander and include the information on an Internal Incident Report. Each staff member was asked how they would privately report an allegation. The Auditor was informed staff would report the allegation to the facility investigator or use the sexual abuse hotline.

The Auditor conducted formal interviews with randomly chosen and specifically targeted confined persons. Confined Persons were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. All confined persons informed the Auditor they would report the allegation verbally to a staff member. Each offender interviewed stated they are confident in staff's ability to maintain their information confidentially and were confident staff would handle the allegation appropriately. The confined persons understood the available reporting avenues and are aware of the hotline, anonymous reporting and third-party reporting. Confined Persons understood they could make an allegation through the formal grievance mechanism.

The Auditor conducted a telephone interview with a facility volunteer and formal interviews with contractors. The Auditor asked each if they were required to report any knowledge, suspicion or information regarding an act of sexual abuse or sexual harassment. Each informed the Auditor they are required to immediately report such. When asked if they are required to document the information, each stated they would be required to write a report.

There were no reports of sexual abuse at Central Virginia Correctional Unit #13 that were made verbally, in writing, anonymously, or from third parties during the 2024/2025 audit period.

There were no reports of sexual harassment at Central Virginia Correctional Unit #13 that were made in writing, anonymously, or from third parties during the 2024/2025 audit period.

There were no reports of sexual harassment at Central Virginia Correctional Unit #13 that were made verbally during the months of January- February and April-December 2024 through April 2025.

Conclusion:

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

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 ☒ No

115.52 (b)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (d)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (e)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (f)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 866.1 Offender Grievance Procedure, Institutions
- Offender Handbook
- Investigative Records
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. The agency does apply time limits to any portion of a grievance that does not allege and

incident of sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or participate in any process which requires interaction with the perpetrator. Policy states, "Employees who are the subject of the issue being grieved will not be the respondent to a grievance, but may offer information during the investigation of the complaint." VADOC policy stipulates nothing in the policy shall restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.

The agency's policy allows offenders to consider the expiration of a time limit at any stage of the process as a denial and qualifies the grievance for appeal to the next level of review. The grievance policy includes the following response times:

- Level I - 30 calendar days
- Level II - 20 calendar days
- Level III - 20 calendar days

Agency emergency grievances alleging a substantial risk of imminent sexual abuse are immediately forwarded to the Administrative Duty Officer or Shift Commander. An initial response is required within 8 hours of receipt. The initial and final decision documents the facility's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The agency allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing offender grievances relating to allegations of sexual abuse and allows the third party to file such requests on behalf of offenders. Third party filing requests are submitted to the PREA Compliance Manager. The facility requires, as a condition of processing the request, the alleged victim agree to have the request filed on his or her behalf and will also require the alleged victim to personally pursue any subsequent steps in the process. If the offender declines to have the request processed on his or her behalf, the facility is required to document the decision.

Policy allows staff to discipline an offender for filing a grievance related to an allegation of sexual abuse only when the facility can demonstrate the offender filed the grievance in bad faith.

Analysis/Reasoning Operating Procedure 038.3

d. There is no time limit on when an inmate or CCAP probationer/parolee may submit a Complaint, Written Complaint, or Regular Grievance, regarding an allegation of sexual abuse; see Operating Procedure 866.1, Offender Grievance Procedure and Operating Procedure 866.2, Offender Complaints, Community Corrections. (§115.52[b], §115.252[b])

Operating Procedure 866.1

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

The Auditor reviewed the Central Virginia Correctional Unit #13 Offender Handbook. The handbook includes a section regarding the submission of grievances. The Emergencies and Emergency Grievance section informs offenders, "Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm."

The handbook informs confined persons to read VADOC Operating Procedure 866.1 regarding the agency's response to emergency grievances. The "Grievance Procedure for Sexual Abuse/Sexual Harassment" section states, "There is no time limit on when you may file a grievance regarding an allegation of sexual abuse or sexual harassment. You are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of your sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance. You will not be charged for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that you filed the report in bad faith."

The Auditor conducted formal interviews with confined persons. Confined Persons were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Most confined persons asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Confined Persons were aware they could file a grievance to report sexual abuse anonymously. None of the confined persons interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.

The Auditor conducted interviews with facility staff. Staff were asked if confined persons could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware confined persons could file such grievances. Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender. The Auditor was informed the confined person is provided a response within 8 hours. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance. The Auditor discussed disciplining a confined person who has submitted an emergency grievance alleging sexual abuse in bad faith. Staff informed the Auditor they must have proof the offender submitted an allegation in bad faith. The Auditor was informed the facility has to get approval from the Regional PREA/ADA Analyst prior to placing a disciplinary charge on an offender for such. The Regional PREA/ADA Analyst informed the Auditor he reviews details of the allegation and investigative findings to ensure there is sufficient evidence to prove the offender submitted the allegation in bad faith. If such is determined, the Regional PREA/ADA Analyst will authorize the disciplinary charge.

There were no instances where an allegation was made through the Regular Grievance or Emergency Grievance procedure, or by a third party at Central Virginia Correctional Unit #13 during the 2024/2025 audit period.

Conclusion:

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

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- 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 ☐ No

115.53 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Zero Tolerance Brochures
- MOU Contract Virginia Sexual and Domestic Violence Action Alliance
- Offender Handbook
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections provides offenders access to confidential emotional support services related to sexual abuse through a contract with a community provider. Policy requires VADOC facilities enable reasonable communications between offenders and the organization, in as confidential manner as possible. Facilities are required to inform offenders prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Agency offenders can contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for information on accessing outside victim advocates for free emotional support services related to sexual abuse or may use the Sexual Abuse Hotline.

Analysis/Reasoning

Operating Procedure 038.3

2. Inmates and CCAP probationers/parolees should contact the PREA Compliance Manager, Unit Manager, or Mental Health staff to request information on accessing outside victim advocates for free emotional support services related to sexual abuse or the inmate and CCAP probationer/parolee may utilize the sexual abuse hotline (#55), option 2. (§115.53[a], §115.253[a])
4. The facility will enable reasonable communication between inmates and CCAP probationers/parolees and these organizations and agencies, in as confidential a manner as possible. (§115.53[a], §115.253[a])

The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The MOU stipulates VSDVAA agrees to the following, but not limited to, services:

- a. Provide a toll-free Hotline for reporting sexual abuse or assault to victims statewide;
- b. Ensure confidentiality for all callers, including incarcerated victims, keeping with confidentiality and release of information policies. Should a DOC victim agree to the release of information, the VSDVAA will immediately forward and report of sexual abuse or assault to the Regional PREA Analyst;
- c. Provide statewide Hotline confidential crisis intervention and emotional support services related to all sexual abuse or assault victims;

- d. Seek to link DOC victims to accompaniment services through a trained victim advocate when victims request the service. This may include participation in forensic exams, investigations and may also include follow-up visits or communications.

Each offender is provided a Zero Tolerance Brochure upon booking. The brochure includes the address and telephone number to the VSDVAA. The brochure informs offenders to dial "#55" on the phone system to access the VSDVAA. The brochure states counseling for sexual abuse treatment is confidential. Each confined person receives an Offender Handbook upon arrival. The handbook informs confined person they can obtain confidential emotional support services by dialing #55 and selecting option 2 on the telephone. The CVCU #13 has also included all versions of the Zero Tolerance Brochure as part of its Offender Handbook.

Each confined person signs a Preventing Sexual Abuse and Assault Training Acknowledgement form after being provided the written information and comprehensive education upon arrival. The Auditor reviewed the Preventing Sexual Abuse and Assault Training Acknowledgement forms of 26 confined persons. Each confined persons had signed the acknowledgement form. Section 5 of the comprehensive education portion of the acknowledgement form includes, "What to Remember (Includes Emotional Support Services available by dialing #55, option 2 or writing [address provided]." Confined Persons sign acknowledging receipt of the comprehensive education. The comprehensive education informs offenders the services related to emotional support are free and confidential.

The Auditor asked if they had watched a video regarding sexual abuse and sexual harassment. Confined Persons informed they had watched the video. Some confined persons stated they watched the video at the processing facility and at the CVCU #13. The Auditor asked randomly selected confined persons if they were aware of confidential supportive services. Most confined persons were aware the facility makes confidential support services available. Those that were not aware had seen the information either in written format or on posters in the facility.

The Auditor conducted an interview with an advocate from the Virginia Sexual and Domestic Violence Action Alliance. The advocate was asked to discuss the services provided to victims of sexual abuse at the Central Virginia Correctional Unit #13. The advocate discussed the items agreed to in accordance with the MOU with the agency. The advocate was asked if any offender has contacted their agency within the previous 12 months to request services. The advocate was unaware of a confined persons who attempted such. The Auditor asked if the organization would come to the facility to provide services to victims. She stated if the organization determined a need to provide services in person they would do so. The Advocate was asked if referrals were made by the VSDVAA. The Auditor was informed they do make referrals when needed. The Auditor asked if any confined persons reported an allegation of sexual abuse through the agency; none had done so.

The Auditor conducted an interview with facility Investigators and an SIU Investigator. Each Investigator was asked if offender victims have access to confidential support services. The Auditor was informed victims are informed of the VSDVAA and facility mental health services following an incident of sexual abuse. The facility's medical and mental health practitioners also discuss services with the offender victim following an allegation. The Investigators stated the VSDVAA is contacted immediately following an incident of sexual abuse as they provide support during the forensic examination. The Investigators informed the Auditor Shift Commanders are required to follow a checklist following an incident of sexual abuse. The checklist requires the Shift Commander ensure the VSDVAA is contacted following an incident.

No inmate requested to seek or speak to a victim advocate during the 2024/2025 audit period at Central Virginia Correctional Unit #13. However, if such a request is made, Central Virginia Correctional Unit #13 shall attempt to make available to the victim a victim advocate from Action Alliance via confidential face-to-face meeting or telephone. At the time of the audit there were no inmates detained solely for civil immigration purposes.

Conclusion:

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

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 3 Prison Rape Elimination Act
- Agency Website
- Third Party Reporting Form
- Zero Tolerance Brochure
- Offender Handbook
- Facility Posters
- Interviews with Staff
- Interviews with Confined Persons
- Observations

Auditor Discussion:

The Virginia Department of Corrections has established a policy to accept third-party reports of sexual abuse and sexual harassment. The policy informs contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site.

Analysis/Reasoning

Operating Procedure 038.3

2. Third parties including other inmates, CCAP probationers/parolees, staff members, family members, attorneys, and outside advocates are permitted to assist an inmate and CCAP probationer/parolee in filing their request for an administrative remedy relating to allegations of sexual abuse. (5-ACI-3D15; §115.52[e], §115.54, §115.252[e], §115.254) a. Third parties are also permitted to file such requests on behalf of an inmate or CCAP probationer/parolee. i. If a third-party file such a request on behalf of an inmate or CCAP probationer/parolee, 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 pursue personally any subsequent steps in the administrative remedy process. ii. If the inmate or CCAP probationer/parolee declines to have the request processed on their behalf, staff must document the inmate's or CCAP probationer's/parolee's decision. b. The DOC public web site provides contact information on how to report sexual abuse and sexual harassment on behalf of an inmate or CCAP probationer/parolee. (§115.54, §115.254)

The Auditor conducted a review of the agency's Offender Handbook. The handbook includes a "Prison Rape Elimination Act" section that includes the facility's reporting methods. This section of the Offender Handbook includes information informing confined persons they can have a third-party report allegations of sexual abuse or sexual harassment on their behalf. Each confined person is provided an Offender Handbook upon arrival. The handbook includes a copy of the agency's Zero Tolerance Brochure.

The Auditor reviewed the agency's Zero Tolerance Brochure. The brochure informs confined persons they may ask a family member or friend to report an allegation for them. The Auditor reviewed the agency's website. The website includes a link to the agency's Prison Rape Elimination Act information. The website directs the public to:

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

The Third-Party Reporting Form is hyperlinked. When accessing the form instructions are included for the public to mail the form and provides the postal address. The email address of the PREA Coordinator is provided. The public can complete the form and email it to the PREA Coordinator.

The Auditor participated in a detailed tour of the Central Virginia Correctional Unit #13. During the tour the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. The CVCU #13 materials provided to and for offenders inform they may have a third party make an allegation of sexual abuse and sexual harassment on their behalf.

The Auditor conducted formal interviews with staff. Staff were asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they were required to accept all reports of sexual abuse and sexual harassment, including third party reports. Staff stated they immediately report the allegation to their supervisor and document the information on an Internal Incident Report. Staff stated the agency's policy requires them to document all verbal allegations received.

The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders stated they could tell a staff member or any person they trust, file an emergency grievance, call the sexual abuse hotline, or have another person make the allegation on their behalf. Each offender understood how to have a third-party file an allegation on their behalf. Each confined person understands they can file an allegation anonymously.

The Auditor conducted formal interviews with facility and SIU Investigators. Investigators were asked in what ways they have received reports of sexual abuse and sexual harassment. Each explained they have received allegations by a third-party. Investigators explained they conduct investigations of all allegations, regardless of how they are made.

Conclusion:

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 ☐ No
- 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 ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- 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 ☐ No

115.61 (c)

- 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 ☐ No
- 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 ☐ No

115.61 (d)

- 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 ☐ No

115.61 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.1 Reporting Serious or Unusual Incidents
- Policy - 038.3 Prison Rape Elimination Act
- Policy - 730.2 MHWS: Screening, Assessment, and Classification
- Policy - 801.6 Inmate and CCAP Probationer/Parolee Services
- Investigative Records
- Training Curriculum
- Training Records
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections has established a policy that requires any employee, contractor, or volunteer to immediately report any knowledge, suspicion, or information regarding an incident to sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Agency staff are prohibited from reporting information related to a sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions, apart from reporting to supervisors.

At the initiation of services, Qualified Mental Health Professionals are required to advise the offender of the practitioner's duty to report and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation. Medical and mental health practitioners are required by policy to report any knowledge, suspicion, or information regarding an incident to sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Medical and mental health practitioners are mandatory reports for offenders under the age of 18.

The agency's policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator and will immediately notify the PREA Analyst of the allegation.

Analysis/Reasoning

Operating Procedure 038.1

G. Reporting of Sexual Misconduct 1. Any employee, volunteer, or contractor must 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. §115.61[a], §115.261[a]) 2. Any employee, contractor, or volunteer must immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of retaliation against inmates, probationers/parolees or employee/contractor/volunteer who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If applicable, an Internal Incident Report will be submitted with PREA checked in the description field. A PREA Report of Incident Review 038_F11 may be required at the conclusion of the investigation. (§115.61[a], §115.261[a]) 3. Apart from reporting to designated supervisors or officials, any information related to a sexual abuse report must 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. (§115.61[b], §115.261[b])

Operating Procedure 038.3

3. Staff, Contractor, Volunteer, and Intern Duty to Report a. Staff, contractors, volunteers, and interns must immediately report to their supervisor, or the Shift Commander any knowledge, suspicion, or information on the following incidents: (§115.61[a], §115.261[a]) i. Any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOC ii. Any incident of retaliation against staff, inmates, and CCAP probationers/parolees who reported sexual abuse or sexual harassment iii. Any incident of staff neglect or violation of responsibilities that may have contributed to the sexual abuse, sexual harassment, or retaliation b. Staff, when applicable, must submit an Incident Report; see Operating Procedure 038.1 Reporting Serious or Unusual Incidents.

Operating Procedure 730.2

F. Sexual Assault Assessment 1. All incidents or alleged incidents of sexual assault on an inmate/probationer/parolee assigned to a DOC facility must be reported and investigated, to include notification to a facility Psychology Associate; see Operating Procedure 038.3, Prison Rape Elimination Act (PREA). 2. Any Psychology Associate, who has knowledge, suspicion, or information regarding an incident or alleged incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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, must immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head. (§115.61[a], §115.261[a])

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the Central Virginia Correctional Unit #13. Each staff member was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff informed the Auditor they were required to report such. Staff informed the Auditor they were required to document such allegations on an Internal Incident Report. Staff informed the Auditor they are required to submit reports promptly after an allegation.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff

informed the Auditor they only discuss details with supervisors, medical/mental health practitioners and investigators. Staff understands the agency's policy requiring them to discuss information with those who can make treatment, medical and housing decisions.

The Auditor conducted formal interviews with medical and mental health practitioners. Practitioners were asked if medical and mental health personnel are required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. The Auditor was informed they are required to report such immediately. The Auditor asked how they would report the information. The practitioners informed the Auditor they immediately report the information to the Shift Commander. The practitioners stated they are required to inform confined persons of their duty to report and the limitations on confidentiality at the initiation of services. Confined Persons are provided a consent form at the initiation of services.

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

The Auditor conducted formal interviews with facility Investigators. The Auditor asked Investigators if they had conducted investigations of allegations that were reported by third parties. The Investigators informed the Auditor they investigate all allegations regardless of how they are made. The Auditor asked if investigations are conducted of allegations made anonymously. Investigators have conducted investigations of anonymously reported allegations. Each Investigator was asked if they attempt to discover if staff actions or lack thereof, contributed to an incident of sexual abuse. The Auditor was informed Investigators do attempt such. Investigators discuss staff actions or lack thereof that have contributed to an incident of sexual abuse with management personnel. The Auditor reviewed facility investigative reports. Investigative reports included Internal Incident Reports in which staff reported an allegation immediately after learning of the alleged allegation.

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

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

The Auditor conducted an interview with the facility volunteers. The volunteers were asked if they are required to report allegations of sexual abuse and sexual harassment. The volunteers stated the agency requires them to immediately report such allegations. The Auditor asked if they had received training from the facility. The

volunteers stated they had received training and was informed in training of the agency's requirement to report all allegations and knowledge of sexual abuse and sexual harassment to a security staff member.

There were no instances where allegations were made to Medical or Mental Health staff at Central Virginia Correctional Unit #13 during the 2024/2025 audit period. There were no instances where Central Virginia Correctional Unit #13 reported any allegations to the designated State or local services agency under applicable mandatory reporting laws during the 2024/2025 audit period. There were no instances where allegations of sexual abuse or sexual harassment were received from third parties or anonymously at Central Virginia Correctional Unit #13 during the 2024/2025 audit period.

Conclusion:

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

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 830.6 Offender Keep Separate Management
- Policy - 730.2, MHWS: Screening, Assessment, and Classification
- Internal Incident Reports
- Investigative Records
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

Agency policy requires a staff member, volunteer or contractor immediately notify their supervisor or the Officer-in-Charge when learning an offender is subject to a substantial risk of imminent sexual abuse. The Officer-in-Charge is required to take immediate action to ensure the protection of the offender. The agency's policy defines "Keep Separate" as, "A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; 'Keep Separate' determination is not required but may be based on: The offender is subject to a substantial risk of sexual abuse from a specific, identified offender."

The agency requires Qualified Mental Health Professionals to immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization.

Analysis/Reasoning

Operating Procedure 038.3

- B. Staff, Contractor, Volunteer, and Intern Responsibilities 1. 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. (§115.62, §115.262)

Operating Procedure 830.6

Keep Separate - A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; a "Keep Separate" determination is not required but may be based on:

- Two or more offenders who are a serious threat to one another as demonstrated by a verified, prior, aggravated assault (or contract for assault) where serious harm or death was clearly the intent of the aggressor
- One offender has testified against another offender in court and the offender's conviction and/or length of sentence was likely influenced by the testimony
- An offender's felony was committed against DOC staff, another offender, or the immediate family of the staff or offender
- The offender is a family member, friend, and/or prior associate with a DOC staff member

- The offender's crime was committed against a current or former institutional employee or in the locality where the institution is located
- The offender is subject to a substantial risk of sexual abuse from a specific, identified offender (§115.62)

Operating Procedure 730.2

4. An inmate'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 inmate's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g]) a. 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. (§115.62, §115.262)

The Auditor conducted formal interviews with confined persons who previously suffered sexual abuse. Each of those confined persons were asked if they have been in contact with a potential sexual abuser. None of the confined persons were aware of having contact with a potential sexual abuser in their housing units. Offenders informed the Auditor facility staff are responsive to incidents in the facility. Confined Persons informed the Auditor a majority of staff do their job well and take care of the population. Confined Persons are confident in staff's abilities to ensure their protection.

The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the confined persons would be moved to another housing unit to maintain the safety of both confined persons. Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning a confined person was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at risk confined person.

The Auditor conducted formal interviews with randomly selected and specifically targeted confined persons. The Auditor asked each if he/she felt safe in the facility. Each confined person interviewed stated they felt safe in the facility. The Auditor asked each if they feel confident in staff's ability to maintain their safety. Each confined person is confident in staff's ability to maintain their safety in the facility.

There were no instances where an inmate was subject to a substantial risk of imminent sexual abuse at Central Virginia Correctional Unit #13 during the months of January-December 2024 through April 2025.

The Auditor participated in a detailed tour of the Central Virginia Correctional Unit #13. The Auditor observed multiple housing units that provide an opportunity to ensure confined persons who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility has the ability to transfer confined persons if the confined persons could not be housed safely. The facility reported no instances in the previous 12 months where facility personnel learned an offender was identified at a substantial risk of imminent sexual abuse.

Conclusion:

The Auditor concluded the CVCU #13 takes immediate and appropriate actions to ensure the protection of confined persons who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed

agency policy, procedures, investigative records, conducted interviews with staff and offenders, made observations, and determined the CVCU #13 meets the requirements of this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 030.4 Special Investigations Unit

- Notification

Auditor Discussion:

The Virginia Department of Corrections requires staff, volunteers, and contractors who receive an allegation that a confined person was sexually abused while confined at another facility notify the Organizational Unit Head (OUH). Policy requires the OUH is required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The OUH must make the notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the OUH document the notification. A facility head or agency office that receives a notification is responsible for ensuring the allegation is investigated in accordance with the Prison Rape Elimination Act standards.

Analysis/Reasoning Operating Procedure 038.3

5. Staff, contractor, volunteers, and interns who receive an allegation that an inmate or CCAP probationer/parolee was sexually abused while confined at another facility, must notify the Facility Unit Head. a. The Facility Unit Head will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (§115.63[a], §115.263[a])

Operating Procedure 030.4

B. When the Organizational Unit Head receives notification from another facility that an inmate or CCAP probationer/parolee was sexually abused while confined at that facility, they will ensure that the allegation is investigated in accordance with the PREA Standards (§115.63[d], §115.263[d])

During the 2024/2025 audit period, there were no allegations received by Central Virginia Correctional Unit #13 that an inmate was sexually abused while confined at another facility nor did Central Virginia Correctional Unit #13 receive any reports from other facilities that an inmate alleged sexual abuse while confined here.

The Auditor conducted formal interviews with CVCU #13 staff. Each staff member was asked what actions they take if a confined person alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Internal Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the PREA Compliance Manager and Investigator would immediately be notified. The PREA Compliance Manager stated she would notify the Superintendent so proper notification could be made to the other facility.

The Auditor conducted a formal interview with the facility's Superintendent. The Superintendent explained she notifies another facility once the CVCU #13 receives an allegation that a confined person alleges suffering sexual abuse at another facility. The Superintendent places a telephone call followed by an email to make notification. When asked when the notification would occur the Superintendent explained he makes the notification within 72 hours. The Auditor asked the Superintendent to explain what takes place when he receives notification from another facility that a former CVCU #13 confined person has alleged suffering sexual abuse at the CVCU #13. The Superintendent stated he would ensure the investigator is notified so an investigation is conducted. The Superintendent explained he has not received notification that a former CVCU #13 confined person alleged sexual abuse to another confinement facility. The Auditor discussed notification requirements of this standard with the Superintendent. The Superintendent is clear of the requirements. The Auditor discussed options for compliance while the Superintendent is absent from the facility.

Conclusion:

The Auditor reviewed the agency's policies, procedures, notification, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. The Auditor determined the facility meets the requirements of this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.64 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 030.4 Special Investigations Unit
- CVCU #13 Coordinated Response Plan
- Sexual Assault Response Checklist
- Investigative Reports
- Interviews with Security First Responders
- Interviews with Non-Security First Responders
- Interview with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections has a policy that requires the first security staff member who learns of an alleged sexual abuse incident will perform the following steps:

- Separate the alleged victim and abuser to ensure the victim's safety;
- Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence;
- Request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collections of physical evidence; and
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collections of physical evidence.

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

Policy requires the Organizational Unit Head or the person in charge at the scene of a serious incident take appropriate actions necessary to protect physical evidence and crime scenes until released to the responding Special Agent.

Analysis/Reasoning

Operating Procedure 038.3

B. Staff Responsibilities 1. Upon learning of an allegation that an inmate or CCAP probationer/parolee was sexually assaulted or abused, the first security staff member to respond to the report will be required to: (§115.64[a], §115.264[a])

Operating Procedure 030.4

J. The Organizational Unit Head or the individual in charge at the scene of a serious incident must take appropriate action necessary to protect physical evidence and crime scenes until released to the responding Special Agent. 1. All staff in the immediate area at the time of a serious incident will be identified and directed to record their observations in an Internal Incident Report. 2. All inmates/probationers/parolees in the area will be identified, separated, and secured. 3. Upon learning of an allegation that an inmate or CCAP probationer/parolee was sexually abused, the first security staff member to respond to the report will be required to: (§115.64[a], §115.264[a]) a. Separate the alleged victim and abuser b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. 4. The SIU Agent is responsible for the management of evidence at the crime scene. 5. The Organizational Unit Head must ensure that all video recordings related to incidents be stored in the facility's designated "video storage folder" in accordance with Operating Procedure 030.1, Evidence Collection and Preservation, and Operating Procedure 038.1, Reporting Serious or Unusual Incidents. 6. Video recordings of incidents relevant to SIU investigations or incidents that warrant SIU inquiry will be properly secured until released to a Special Agent. Destruction or disposal of video recordings relevant to SIU investigations will only be authorized upon approval of the respective Assistant Chief, Chief of Investigations, or the Director.

The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify the Shift Commander. Security staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what actions they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they know who would be allowed in the crime scene to process the evidence. Staff understood the Investigator would process evidence from the crime scene.

Each staff member interviewed by the Auditor was asked how they preserve evidence in a crime scene. Staff informed the Auditor a cell door would be locked if the incident occurred in a cell. Staff stated a security member would be posted in an area if the alleged incident occurred in an area outside of a cell.

member stated they are required to submit an Internal Incident Report and required to include information in the housing unit logbook.

The Auditor reviewed the CVCU #13 Coordinated Response Plan. The Coordinated Response Plan includes first responders duties of security officers and security supervisors following an incident of sexual abuse. The Auditor observed the following required actions of security first responders:

- Notify the Shift Commander or OIC immediately;
- Preserve any crime scene;
- Request the alleged victim not to take any actions that might destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);
- Ensure the alleged abuser not to take any action to destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);
- Escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation; and
- Submit your Internal Incident Report in CORIS as soon as possible.

Among other actions, the CVCU #13 Coordinated Response plan includes the following actions of security supervisors:

- Initiate action to protect all physical evidence and the safety and welfare of the offender (victim and abuser);
- Notify the ADO, Regional ADO, Institutional Investigator, SIU Agent and PREA Compliance Manager as soon as the alleged victim and abuser are separated;
- Notify OLU of the Serious Sexual Assault;
- Notify Medical staff and Mental Health Staff immediately;
- Instruct the staff to escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation; and
- Make arrangements to have the alleged victim taken to a hospital that provides a PERK test if advised by Medical.

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

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

The Auditor conducted formal interviews with non-security first responders. Non-security first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what actions they would take if they discovered a confined person had been sexually abused. Each informed the Auditor they would remain with the confined person and immediately notify a security staff member. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such. The Auditor asked how they ensure any evidence would be protected. Each non-security first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each if they understand what actions could potentially destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, eating, smoking and drinking could potentially destroy physical evidence.

The Auditor conducted formal interviews with medical practitioners. Practitioners have been trained to treat victims while preserving physical evidence in the process of evaluation and treatment. The Auditor was informed medical staff immediately treat any life-threatening injuries. If the victim has no life-threatening

injuries medical personnel collect the offender's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life-threatening injury would be placed in a brown paper bag with chain of custody information and provided to the Special Investigations Unit Investigator or the transporting officer. The medical practitioner stated medical personnel attempt to preserve any evidence while treating the victim.

The CVCU #13 reported no allegations of sexual abuse received within the previous 12 months required staff utilize first responder duties beyond separating the alleged victim and alleged abuser.

The Auditor interviewed confined person who reported an allegation of sexual abuse. None of the offenders interviewed were sent for a forensic examination. None of the allegations received in the previous 12 months alleged penetration and were within a time period that allowed for forensic evidence collection. Each confined person was asked what actions staff performed after learning of the allegation. Each confined person stated the alleged abuser was separated from them. None had further contact with their alleged abuser after making the allegation.

Conclusion:

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

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Sexual Assault Response Checklist
- CVCU #13 PREA Response Plan
- Investigative Records
- Training Records
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency has created a Sexual Assault Response Checklist that supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident.

Analysis/Reasoning Operating Procedure 038.3

Response A. Each Facility Unit Head or designee will develop a written plan to coordinate the actions taken staff by first responders, medical practitioners, Psychology Associates, investigators, and facility leadership in response to a sexual abuse incident; see Sexual Assault Response Checklist 038_F6. (§115.65, §115.265)

The Central Virginia Correctional Unit #13 has developed a written Coordinated Response Plan. The CVCU #13 Coordinated Response Plan includes actions required written in the following sections:

- First Responder Duties - Security/Non-Security Shift Commander
- Medical Mental Health Investigator
- Monitoring for Retaliation Administration
- If Staff Member is the Perpetrator

The agency has created a Sexual Assault Response Checklist that documents staff actions following an incident of sexual abuse. The Sexual Assault Checklist includes the following actions:

- Incident Began/Discovered
- Notify Security Staff
- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- Request that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- Escort the victim to the facility medical unit as soon as possible to provide examination,

treatment, and evaluation

- Notify the Unit Head and Administrative Duty Officer
- Contact the Special Investigation Unit (name and number provided)
- Ensure that photographs are taken to document any physical evidence such as torn clothing, bruises, abrasions, etc.
- If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually transmitted diseases
- Ensure referral for counseling and mental health service needs if warranted
- Ensure that upon return from the hospital emergency room, the victim is interviewed for protective custody needs
- Ensure follow up medical treatment or mental health service needs are arranged Notify the State-wide PREA Coordinator or Regional PREA Analyst (name and number provided)
- Complete an IIR or IR (recent sexual assaults only)
- Notify the Operations and Logistics Unit for recent sexual assaults only. Advise “Alleged recent sexual assault at (facility name).” No additional information will be reported.

The Sexual Assault Response Checklist requires the staff include the date and time each action listed above is taken.

The Auditor conducted formal interviews with staff listed in the facility's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the CVCU #13 Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been trained in their responsibilities in response to an allegation of sexual abuse. The agency's training includes elements of its coordinated response plan. The Auditor verified all agency personnel, volunteers and contractors had received the training.

The Auditor conducted formal interviews with confined persons. Confined Persons were asked if they feel safe in the facility. Each confined person interviewed stated they do feel safe in the facility. Confined Persons were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Each confined persons interviewed stated they are confident in staff's abilities to respond to incidents.

The Auditor determined staff understands they are required to immediately ensure the safety of each offender who alleges sexual abuse. There were no incidents that required staff to implement first responder duties as required in the facility's Coordinated Response Plan within the previous 12 months.

Conclusion:

The Auditor determined the facility has developed an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and have trained its personnel in the required actions. Based on a review of the agency's policies, procedures, investigative records, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and offenders, the Auditor determined the CVCU #13 meets the requirements of this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 ☒ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Code of Virginia
- Memorandum
- Investigative Records
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Corrections has not entered into an agreement with any agency for collective bargaining at the Central Virginia Correctional Unit #13.

Analysis/Reasoning

Virginia Code 40.1-57.2 stipulates, "No state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service."

The Virginia Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Auditor reviewed investigative records of allegations against staff. Records reveal the facility removed the alleged staff member from contact with offenders following the allegation. The Auditor observed the agency transferred a staff member to another facility following the allegation. The facility has not had a staff member found to have engaged in an act of sexual abuse in the previous 12 months.

Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf. Staff informed the Auditor they would be terminated if they participated in an act of sexual abuse with a confined person. Staff informed the Auditor they are immediately removed from contact with a confined person after an allegation of sexual abuse is made by a confined person.

Conclusion:

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

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- 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 ☐ No

115.67 (c)

- 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 ☐ No
- 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- 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 ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act
- Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders
- Internal Incident Reports
- Investigative Records
- Retaliation Monitoring Log
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections has a policy to protect all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy requires facility's take the following but not limited to protection measures:

- Housing changes
- Transfers

- Removal of alleged staff or offenders from contact with victims
- Emotional support services

Agency policy requires the Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of offenders or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment. The designated staff member is responsible to monitor the conduct and treatment of offenders or staff for retaliation for at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff. The monitor is responsible to act promptly to remedy any such retaliation. Agency policy requires the Retaliation Monitor to monitor the following:

- Discipline Reports
- Housing changes
- Program changes
- Negative performance reviews
- Reassignments of staff

Monitoring of an offender or staff is required to continue beyond 90 days if the initial monitoring indicates a continuing need. The Retaliation Monitor is required by policy to conduct periodic status checks while monitoring an offender or staff member. The Retaliation Monitor is not required by VADOC policy to continue monitoring an offender or staff if the investigation determines the allegation as unfounded.

VADOC policy requires retaliation monitoring of any other individual who cooperates with an investigation and expresses a fear of retaliation and requires the Facility Unit Head take appropriate measures to protect the individual against retaliation. Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment are referred to the Employee Assistance Program for emotional support services.

Analysis/Reasoning

Operating Procedure 038.3

VII. Protection against Retaliation A. All staff, inmates, and CCAP probationers/parolees who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other staff, inmates, and CCAP probationers/parolees. (§115.67[a], §115.267[a])

1. Staff, inmates, and CCAP probationers/parolees can report allegations of retaliation through the same methods used for reporting sexual abuse or sexual harassment. 2. The Investigator or other staff member with specialized training must investigate allegations of retaliation in the same manner as allegations of sexual abuse.
2. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated staff member will monitor the conduct and treatment of staff, inmates, and CCAP probationers/parolees who reported sexual abuse or cooperated with a sexual abuse investigation, and of inmates and CCAP probationers/parolees who were reported to have suffered sexual abuse to determine if there are changes that may suggest possible retaliation by staff, inmates, and CCAP probationers/parolees, and will act promptly to remedy any such retaliation. (§115.67[a], §115.67[c], §115.267[a], §115.267[c]) a. Items to be monitored include any inmate or CCAP probationer/parolee 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.

Operating Procedure 135.2

E. All inmates or probationers/parolees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other inmates, probationers/parolees, or staff. (§115.67[a, c], §115.267[a, c]) 1. The Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of inmates, probationers/parolees, or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment. a. Designated staff will monitor for retaliation at least 90 days following the report to determine if there are changes that may suggest possible retaliation by inmates and probationers/parolees or staff. b. If the initial monitoring indicates a continuing need, designated staff will continue monitoring beyond 90 days and notify the unit PREA Compliance Manager.

The Virginia Department of Corrections has an appropriate policy to ensure offenders and staff are monitored and protected from acts of retaliation by staff or other offenders. The CVCU #13 has designated the facility investigator responsible for monitoring for acts of retaliation. The Auditor conducted a formal interview with the investigator. The Auditor asked the investigator to explain how retaliation monitoring is conducted at the facility. The retaliation monitor explained he reviews disciplinary charges, housing changes, program changes, grievances, Incident Reports, classification actions, evaluations, shift rosters and post assignments. The Auditor asked if he initiates the contact with the offender or staff member being monitored. The monitor stated he initiates meetings with the offender or staff member being monitored. The Auditor asked who is monitored for retaliation. The investigator stated policy requires he monitor those who report an allegation, the victim(s) and anyone else who expresses a fear of retaliation for cooperating with an investigation.

The Auditor asked the monitor how often meetings with the staff member or offender occur. The Auditor was informed he meets with the confined person at least every 30 days and sometimes more often depending on the individual circumstances. The Auditor asked the retaliation monitor if he would stop monitoring if the offender or staff member requested him to do so. The monitor stated he would not stop monitoring until at least 90 days have transpired. The monitor explained he would consult with the Unit Manager, Case Manager, other staff, review video and speak to the confined person in settings away from the housing unit so the monitoring is not as visible to other confined persons or staff.

The retaliation monitor was asked how he is notified when a confined person or staff member requires monitoring. As the facility's investigator he is always aware when a confined person or staff member requires monitoring. All allegations of sexual abuse and sexual harassment in the facility are reported to the investigator. The Auditor asked what actions are taken to ensure the protection of a confined person. The Auditor was informed housing, program and work changes would be made. When staff are being retaliated against, the staff member's post or shift assignment may be changed to limit contact with the person who is retaliating against the staff member. In such cases, the staff member retaliating against another staff member would be disciplined when warranted. The retaliation monitor was asked if the facility was currently monitoring any confined person or staff for retaliation. The investigator stated there are currently no offenders being monitored for retaliation.

The Auditor discussed the monitoring process when an offender is transferred to another VADOC facility during the monitoring period. The Investigator informed the Auditor the offender's monitoring form is emailed to the other facility's retaliation monitor. The Investigator notifies the facility by telephone. The Investigator stated he continues the monitoring of any confined person who is transferred to the CVCU #13 that was being monitored at another VADOC facility after transfer to the CVCU #13. The investigator informed the Auditor no acts of retaliation were discovered during the previous 12-month period.

The Auditor reviewed the retaliation monitoring log of the 1 confined person. A review of records reveal the investigator is monitoring for acts of retaliation. The investigator documented the retaliation monitoring on a log that documents the following:

- Offender's Name and Number Date of Allegation/Incident
- Monitored Disciplinary Reports (30, 60 and 90 days)
- Monitored Housing Changes (30, 60 and 90 days)
- Monitored Program/Job Changes (30, 60 and 90 days) Outcome/Date of Outcome
- Comments

The monitoring form requires the retaliation monitor document the action in a specified column after making a status check on the offender. The retaliation monitor documents any specific actions or comments in the comments section at the bottom of the monitoring log. The monitor is required to sign and date the form at the conclusion of the monitoring period. A review of the 3 monitoring forms revealed the monitor discovered no acts of retaliation against the confined person.

The Auditor conducted formal interviews with offenders who made allegations of sexual abuse and sexual harassment in the facility. The Auditor asked each if they felt they were being retaliated against. No confined person who filed an allegation or cooperated with an investigation informed the Auditor they felt as if staff were retaliating against them. The facility reported no incidents of retaliation were found during the previous 12 months.

Conclusion:

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

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 425.4 Management of Bed and Cell Assignments
- Policy - 830.5 Transfers, Institution Reassignments
- Sexual Abuse/Sexual Harassment Available Alternatives Assessment
- Investigative Records
- Housing Records
- Interviews with Staff
- Interviews with Offenders
- Observations

Auditor Discussion:

The Virginia Department of Corrections requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of policies 425.4 and 830.5 that align with the requirements of PREA standards 115.43 Protective Custody.

Analysis/Reasoning

Operating Procedure 425.4

4. Inmates identified as High-Risk Sexual Victim (HRSV) or inmates alleged to have suffered sexual abuse or sexual harassment will not be placed in the Restorative Housing Unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the Psychology Associate in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative

means of separation from likely abusers. (§115.43[a], §115.68). a. The institution must clearly document the basis for the institution's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68) i. The Shift Commander must complete the Sexual Abuse/Sexual Harassment Available Alternatives Assessment 425_F6 prior to placing the inmate in a Restorative 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 Restorative Housing Unit on general detention for up to two hours while completing the assessment. (§115.43[a], §115.68) iii. Immediately upon completion, a copy of the Sexual Abuse/Sexual Harassment Available Alternatives Assessment must be sent to the Regional PREA Analyst with a copy maintained in the PREA Investigation file. (§115.68) b. Inmates will remain in the Restorative Housing Unit only until an alternative means of separation from likely abuse can be arranged; this assignment will not ordinarily exceed 30 days. (§115.43[c], §115.68)

VIII. Restorative Housing Status Reviews A. Every seven days of an inmate's first 60 days in RHU status and every 30 days thereafter, the MDT will perform a Restorative Housing Status Review in VACORIS of all the inmates assigned to RHU to monitor the appropriateness of the inmate's status.

3. All inmates identified as HRSV or as an alleged victim of sexual abuse will be listed on the Restorative Housing Status Review Report and reviewed to determine whether there is a continuing need for separation from general population. (§115.43[e], §115.68)

2. 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 425_F3. (§115.43[b], §115.68)

Operating Procedure 830.5

2. When an offender's need for personal protection is documented and no alternatives exist, the Shift Commander may authorize an offender's assignment to General Detention and placement in the restrictive Restorative Housing Unit pending review for protective custody assignments; see Operating Procedure 425.4, Management of Bed and Cell Assignments (Restricted), and Operating Procedure 841.4, Restrictive Restorative Housing Units. (changed 9/1/21) a. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in a restrictive 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. (§115.43[a], §115.68) (changed 9/1/21) b. The ICA or MDT should clearly document on the Institutional Classification Authority Hearing report the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68) c. Involuntary assignment to a restrictive Restorative Housing Unit will only be made until an alternative means of separation from likely abusers can be arranged. (§115.43[c], §115.68) (changed 9/1/21) d. This assignment to restrictive restorative housing will not ordinarily exceed a period of 30 days (§115.43[c], §115.68) (changed 9/1/21) e. Mental Health staff will advise the ICA on whether the offender can be released to general population or whether they must be assigned to restrictive restorative housing and/or transferred to the DOC Protective Custody Unit. (§115.43[c], §115.68) (changed 9/1/21) f. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender's status. (§115.43[a], §115.68)

The Auditor reviewed the agency's policy regarding the use of segregation housing to protect offenders at high risk of sexual victimization. The agency's policy states offenders identified as high risk of sexual victimization

will not be placed involuntarily in segregated housing unless an assessment of available alternatives has been made, and it has been determined by the qualified mental health professional in consultation with the Regional PREA Analyst and Shift Commander that no available alternatives of separation exist. Policy requires the Shift Commander to complete a Sexual Abuse/Sexual Harassment Available Alternatives Assessment form prior to placing a HRSV in special housing for protection. The agency's policy allows the Shift Commander to place the HRSV offender in special housing for protection for no more than 2 hours before completing the Sexual Abuse/Sexual Harassment Available Alternatives Assessment if the form cannot be completed immediately.

The Auditor reviewed the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. The form includes the following considerations:

- a. Can offender be reassigned to another housing unit;
- b. Was another alternative to involuntary segregated housing used, list option; Can offender be transferred to another facility;
- c. If allegation was made and staff is alleged perpetrator, was the staff member placed on administrative leave or placed on another post;
- d. Was the offender or alleged victim (if allegation) reassigned to Special Housing/Restorative Housing Unit for Protective Custody; and
- e. Is access to programs, privileges, education, or work opportunities restricted, list which ones and why?

The assessment form requires the signature of the Facility Unit Head and stipulates the form be emailed to the Regional PREA Analyst. The form also requires a written justification for all "no" answers listed above. The form states, "...offenders at a high risk of sexual victimization or offenders who have alleged sexual abuse or sexual harassment shall not be placed in involuntary segregated housing, unless:

- i. An assessment of all available alternatives has been made, and,
- ii. A determination has been made that there are no available alternative means of separation from likely abusers."

Agency policy requires the institution to clearly document the basis for safety concerns when placing a HRSV offender in Special Housing for protection. The Shift Commander is required to document the reason why no alternative means of separation can be arranged when placing the confined person in special housing. The agency allows involuntary assignment to special housing only until alternative means of separation can be arranged; not to ordinarily exceed 30 days. Mental Health staff are required to advise whether the confined person can be released to general population or transferred to the VADOC Protective Custody Unit.

Agency policy stipulates HRSV offenders placed in special housing for protection shall have access to programs, privileges, education, and work opportunities to the extent possible. The institution is required to document the opportunities that have been limited, the duration of the limitation and the reason for limitations. These restrictions are required to be documented on the Special Housing Denial of Activity or Service form.

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

The Auditor conducted a formal interview with a staff member who supervise confined person in the Restorative Housing Unit. The Auditor asked if she had ever supervised an offender who has been placed in segregated housing after allegedly suffering sexual abuse or identified at substantial risk of sexual abuse for their protection. The staff member informed the Auditor she had not supervised an offender in the segregated housing area strictly for the protection from sexual abuse. The Auditor asked if offenders in the segregated housing have access to programs, privileges, education and work opportunities. The Auditor was informed offenders have access to privileges, work, education and programs in the Restorative Housing Unit. Staff stated restrictions are not placed on offenders in the Restorative Housing Unit. The Auditor was informed offenders in segregated housing are typically in there for no more than 3 days.

The Auditor conducted formal interviews with supervisors. The Auditor asked if the reasons for restrictions of programs, privileges, education and work of offenders in segregated housing are documented. Supervisors informed the Auditor any restrictions are documented on the Special Housing Denial of Activity or Service form. The Special Housing Denial of Activity or Service form becomes part of the offenders permanent record. Any restrictions are forwarded to the housing unit so staff supervising the offender are aware of the restriction. The Auditor was informed the Case Manager reviews an offender's status in segregation every 7 days for the first two months and every 30 days after.

Facility supervisors informed the Auditor an offender at risk of sexual abuse can typically be housed safely in a different housing unit without resorting to a segregation placement. The Auditor asked Case Managers, Unit Managers, supervisors, PCM, Regional PREA/ADA Analyst, line staff, and Superintendent if an offender was every placed in segregated housing for the protection from sexual abuse. None could recall such a placement. The Auditor discussed the possibility of transfers with the Superintendent. The Superintendent informed the Auditor he has the ability to transfer an offender from the facility as long as there is a legitimate need to do so. The Auditor was informed the facility has never placed an offender in the Restorative Housing Unit for the purpose of protecting the offender from sexual abuse or the imminent risk of sexual abuse.

The Auditor conducted formal interviews with confined person who made an allegation of sexual abuse at the facility. None of those confined person interviewed by the Auditor had been placed in segregation for their protection from sexual abuse. The Auditor conducted interviews with Transgender offenders. None had been placed in segregated housing against their will for the protection from sexual abuse. The Auditor interviewed offenders on the High Risk of Sexual Victimization list. Each was housed in a general population housing unit and had not been placed in the Restricted Housing Unit for their protection.

During the 2024/2025 audit period at Central Virginia Correctional Unit #13, there were no incidents that utilized segregated housing to protect an inmate, who had alleged to have suffered sexual abuse. The Auditor conducted a detailed tour of the Central Virginia Correctional Unit #13. The Auditor observed numerous housing units available for the facility to house offenders without having to place them in involuntary segregated housing. The agency has the option to transfer offenders from the facility if the offender cannot be housed safely in the facility.

Conclusion:

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.71 (b)

- 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 ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

▪ (d)

- 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 ☐ No

115.71 (e)

- 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 ☐ No
- 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 ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.71 (g)

- 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 ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- 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 ☐ No

115.71 (j)

- 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 ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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.) ☐ Yes ☐ No
☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 030.4 Special Investigations Unit
- Policy - 038.3 Prison Rape Elimination Act
- Investigative Records
- Training Curriculum
- Training Records
- Investigative Matrix
- Interview with Investigators
- Interviews with Confined

Persons Auditor Discussion:

The Virginia Department of Corrections conducts administrative and criminal investigations in its facilities. Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The VADOC requires its investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.

Agency investigators are required by policy to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When investigators determine the quality of evidence appears to support criminal prosecution, the investigator will consult with prosecutors as to whether further compelled interviews may be an obstacle for subsequent prosecution.

The agency requires investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not determine credibility by the person's status as an offender or staff member alone. Agency

investigators are prohibited from requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.

The agency requires administrative investigations include an effort to determine whether staff actions or failures to act contributed to abuse and document findings in a written report that includes a description of physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Special Investigations Unit investigators refer substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The VADOC requires the departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Organizational Unit Head is required to ensure all case records associated with claims of sexual abuse or sexual harassment, including Incident Reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendation for post-release treatment or counseling are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Analysis/Reasoning

Operating Procedure 030.4

E. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations. (§115.71[b], §115.271[b])

F. All investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. (§115.71[a], §115.271[a])

H. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. (§115.71[c], §115.271[c])

I. When the quality of evidence appears to support 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. (§115.71[d], §115.271[d])

J. 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. (§115.71[e], §115.271[e])

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.

L. 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. (§115.71[g], §115.271[g])

M. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. (§115.71[h], §115.271[h])

N. The departure of the alleged abuser or victim from employment of the agency or control of the facility will not provide a basis for terminating an investigation. (§115.71[j], §115.271[j])

Operating Procedure 038.3

D. Data Storage, Publication, and Destruction 1. The Organizational Unit Head must ensure that all case records associated with claims of sexual abuse or sexual harassment are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Case records will include but is not limited to the following: (5-ACI-3D-16; §115.71[i], §115.271[i])

- a. Incident Reports
- b. Investigative Reports
- c. Inmate and CCAP Probationer/Parolee Information
- d. Case Disposition
- e. Medical and Counseling Evaluation Findings
- f. Post-Release Treatment or Counseling Recommendations

The Auditor conducted a formal interview with facility investigators. Investigators discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation interviews are conducted with the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. Investigators stated they review criminal records, institutional history, grievances, discipline history, Internal Incident Reports, Request Forms, video footage, telephone records, financial records, previous complaints and any other relevant information. Investigators were asked how they determine the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, etc. and statements made during the interview and subsequent interviews. The Auditor was informed the agency's investigation report requires the investigator document the reason behind credibility assessments.

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

The Auditor toured the area where investigative records are maintained. Facility Investigators maintain all

investigative documents and reports in their individual locked office. All information related to investigations is forwarded to the Regional PREA/ADA Analyst for data compiling.

Electronic data is securely maintained on Investigators and the PREA/ADA Analyst's computer. Each has a unique username and password. The Auditor asked each Investigator and the Regional PREA/ADA Analyst how long they maintain investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the VADOC. Each Investigator was asked if they require the victim to submit to a polygraph examination or other truth telling device. The Auditor was informed they do not polygraph an alleged victim or use any other truth telling device.

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

The Auditor discussed the criminal investigative process in the facility with each investigator. Each Investigator was asked to explain their role when the SIU Investigator conducts investigations in the facility. Investigators stated they cooperate with the SIU and assist when asked to do so by the Investigator. The Auditor was informed they work well with the SIU Investigator and remain informed during the criminal investigation and prosecutorial efforts. Facility Investigators stated all facility evidence, to include video and telephone records and staff reports are turned over to the SIU during criminal investigations.

The Auditor conducted a telephone interview with the SIU Criminal Investigator. The SIU Investigator explained he is contacted by the facility investigator when receiving an allegation that appears to be criminal in nature. The investigator either responds to the facility or the hospital when an offender is transported for a forensic exam. The Auditor asked if the SIU Investigator collects physical and testimonial evidence. He explained he does collect evidence from the facility following an incident. The Auditor asked the Investigator if he communicates with the facility Investigator during an investigation. The SIU Investigator stated he does keep the facility informed during the process so the offender can be notified of results when required. The SIU Investigator explained he communicates with the Commonwealth Attorney's Office for prosecutorial efforts.

There were no allegations of sexual abuse made at Central Virginia Correctional Unit #13 during the 2024/2025 audit period. There were no allegations of sexual harassment made at Central Virginia Correctional Unit #13 during the months of January-December 2024 through April 2025. During the 2024/2025 audit period at Central Virginia Correctional Unit #13, there were no substantiated allegations of conduct that were referred for criminal prosecution.

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

forcible sodomy).

The Auditor conducted a review of the VADOC training records. Records reveal the facility and agency's Investigators have received specialized training to conduct sexual abuse investigations in a confinement setting. The Auditor asked facility investigators what their actions are when they determine the evidence appears to support prosecution. Each Investigator stated the administrative investigation is stopped and the SIU Investigator is notified. Each Investigator was asked if they continue interviews after notifying the SIU. The Auditor was informed administrative efforts would not be completed until notified to do so by the SIU.

No department of justice component is responsible for conducting investigations in the Central Virginia Correctional Unit #13. There were no allegations that were referred for criminal prosecution in the previous 12 months.

Conclusion:

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

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders
- Policy - 861.1 Offender Discipline, Institutions
- Investigative Records
- Interview with Investigators

Auditor Discussion:

The Virginia Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy states, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated."

The disciplinary Hearings Officer is required to use a preponderance of evidence at a disciplinary hearing to support a finding of guilt.

Analysis/Reasoning

Operating Procedure 135.2

6. A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated. (§115.72, §115.272)

Operating Procedure 861.1

b. A preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt. (§115.72)

The Auditor conducted a formal interview with facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigators to explain the meaning of preponderance. Investigators explained a preponderance means there is more evidence to justify the investigator's determination. The Auditor was told the preponderance is fifty-one (51) percent of the evidence.

No standard higher than a preponderance of the evidence was utilized when determining whether an allegation of sexual abuse or sexual harassment was substantiated during the 2024/2025 audit period at Central Virginia

Correctional Unit #13.

Conclusion:

The Auditor was able to determine Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's policies, procedures, investigative reports and interviewed facility Investigators and determined the facility meets the requirements of this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 ☐ No

115.73 (b)

- 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.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- 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 ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 030.4 Special Investigations Unit
- Policy - 038.3 Prison Rape Elimination Act
- Investigative Records
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Corrections policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the PREA Compliance Manager or investigator shall inform the offender whenever:

- The allegation has been determined to be unfounded;
- The allegation has been determined to be unsubstantiated; The staff member is no longer posted within the offender's unit; The staff member is no longer employed at the facility;
- The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

When an offender has alleged sexual abuse by another offender, the PREA Compliance Manager or investigator is required to inform the offender whenever:

- The allegation has been determined to be unfounded;
- The allegation has been determined to be unsubstantiated;
- The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Facilities are required to document notifications or attempted notifications in the same manner as offenders receive legal mail. The PREA Compliance Manager and/or investigator's obligation to report is terminated if the offender is released from DOC custody. The agency requires SIU investigator's report to the Facility Unit Head to inform the offender as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.

Analysis/Reasoning:

Operating Procedure 030.4

O. 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 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. (§115.73 [a], §115.273[a])

Operating Procedure 038.3

B. Reporting to Inmates and CCAP Probationers/Parolees 1. Following an investigation into an inmate's or CCAP probationer's/parolee's allegation that they suffered sexual abuse or sexual harassment in a DOC facility, the PREA Compliance Manager or Investigator must inform the inmate or CCAP probationer/parolee whether the allegation was determined to be substantiated, unsubstantiated, or unfounded; see Attachment 3, Response to PREA Allegation - Sample Letters. (§115.73[a], §115.273[a])

The Auditor conducted a formal interview with the PREA Compliance Manager. Either the investigator or the PCM informs confined persons victims of the investigative outcome at the conclusion of an investigation.

The Auditor asked the PCM who notifies the confined persons following an indictment and/or criminal charges placed against a confined person or staff member. The PCM stated that information is obtained from the SIU

and the notification would be made by either the investigator or PCM. The Auditor asked the PCM how notifications to confined persons are documented by the facility. The Auditor was informed notifications are documented on a letter to the confined person and process as legal mail.

The Auditor asked the PCM how notification is received from the SIU regarding criminal charges and indictments. The PCM stated the SIU Investigator contacts the Superintendent, PCM or investigator so proper notification can be made to the confined person. The PCM informed the Auditor retrieving that information is not difficult as the SIU is part of the agency and required by policy to provide the information. The Auditor conducted a formal interview with an SIU Investigator. The SIU Investigator was asked if he notifies the facility following the placement of criminal charges and/or indictments. The SIU Investigator stated he does contact the facility and share that information. The SIU investigator was asked if he would ever notify a confined persons of the investigative or prosecutorial efforts. The investigator stated he is not obligated to make that notification but is obligated to inform the facility.

There was one (1) number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/ facility in the past 12 months. Of the alleged sexual abuse investigations that was one (1) completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation.

There were zero (0) number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months; Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, there were zero (0) number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation

Conclusion:

The Auditor concluded the PCM understands the requirement and the agency has appropriate procedures in place to notify confined persons of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, interviewed staff and confined persons to determine the agency meets the requirements of this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒

Yes ☐ No

115.76 (c)

- 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 ☐ No

115.76 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 135.1 Standards of Conduct
- Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders
- Investigative Records
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the

presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the facility's sexual misconduct policies are commensurate with the following:

- The nature and circumstances of the acts committed;
- The staff members disciplinary history; and
- The sanctions imposed for comparable offenses by other staff with similar histories.

The VA DOC notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal. The agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.

Analysis/Reasoning:

Operating Procedure 135.1

H. Staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC sexual abuse or sexual harassment policies must be informed of the DOC's responsibility for reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. (§115.76[d], §115.276[d])

Operating Procedure 135.2

1. 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. (§115.76[a], §115.276[a])

The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the VADOC reports criminal violations to law enforcement agencies. The agency's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Command staff interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are immediately removed from contact with offenders and disciplined for such policy violations.

Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the act. The Auditor was informed by command staff that an employee who commits an act of sexual abuse will be terminated.

The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor if the act was criminal in nature the investigator would contact the Special Investigations Unit for a criminal investigation. Facility investigators immediately cease efforts once a determination is made that sufficient evidence appears to support criminal activity.

Each Investigator coordinates with the SIU Investigator and assists in their efforts when requested by the SIU

Investigator. The Auditor asked how the investigation is handled if the act was not criminal in nature. The Investigator continues the investigation until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned if warranted.

The Auditor conducted a telephone interview with an agency SIU Investigator. Each Special Investigations Unit Investigator has the legal authority to place criminal charges against a staff member who engages in sexual abuse or a criminal act of sexual harassment. The SIU investigator informed the Auditor he notifies the Commonwealth's Attorney following such an incident if the act was clearly criminal.

The Auditor observed the agency's policy included a provision to notify law enforcement agencies of criminal violations of sexual abuse. The policy also requires the agency's PREA Coordinator notify relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies. The Regional PREA/ADA Analyst informed the Auditor the PREA Coordinator would contact the Virginia Department of Health Professionals of violations by medical/mental health practitioners. The Auditor discussed the requirement for the agency to notify law enforcement and relevant licensing bodies with the facility's command staff. Command staff are clear on the requirement following a criminal act of sexual abuse.

The Central Virginia Correctional Unit #13 reported no staff member had been found in violation of agency sexual abuse or sexual harassment policies in the past 12 months. The Central Virginia Correctional Unit #13's Superintendent has the authority to discipline staff, including suspension and termination. The facility was not required to notify a relevant licensing body following any investigation conducted within the previous 12 months.

There were no instances of staff being subject to disciplinary sanctions up to and including termination for violating agency sexual abuse to sexual harassment policies during the 2024/2025 audit period at Central Virginia Correctional Unit #13.

Conclusion:

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

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement

agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 027.1 Volunteer and Internship Programs
- Policy - 135.2 Rules of Conduct Governing Employees Relationships with Offenders
- Training Records
- A Guide to Maintaining Appropriate Boundaries with Offenders Brochure
- Interviews with Contractors
- Interview with Volunteer
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency's policy requires the PREA Coordinator notify law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.

Analysis/Reasoning

Operating Procedure 027.1

B. Possible grounds for intern dismissal include failure to comply with DOC procedures, federal or state laws, or unit rules. Every effort should be made to provide appropriate internship training and supervision to help avoid violations and possible termination. 1. Any intern who engages in sexual abuse will be banned, prohibited from contact with offenders, and will be reported to relevant licensing bodies and reported to law enforcement agencies, unless the activity was clearly not criminal. (§115.77[a], §115.277[a])

Operating Procedure 135.2

5. Any contractor or volunteer who engages in sexual abuse of inmates or probationers/parolees must be prohibited from contact with inmates or probationers/parolees and 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. (§115.77[a], §115.277[a])

The Central Virginia Correctional Unit #13 reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with volunteer and contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies.

The volunteer and contractors informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.

Volunteers and contractors are made aware of the VADOC sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attend training and signs a form of receipt of such. The facility provides each volunteer and contractor "A Guide to Maintaining Appropriate Boundaries with Offenders Brochure" during their orientation. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies. The Auditor conducted a telephone interview with a volunteer. The Volunteer was aware the agency would report criminal acts of sexual abuse to law enforcement.

The Central Virginia Correctional Unit #13's command staff are aware of the requirement to notify the SIU following a contractor or volunteer's participation in a criminal act of sexual abuse. Command staff informed the Auditor a contractor or volunteer would immediately be prohibited from offender contact pending the results of the investigation. The Auditor was informed the SIU does not defer to the Commonwealth Attorney's Office if the act was clearly not criminal. Command staff, facility investigators and the Superintendent were asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the VADOC sexual abuse or sexual harassment policies and procedures. The Auditor was informed no contractor or volunteer had been found in violation of those policies.

The facility notifies the Virginia Board of Health Professionals when a licensed medical or mental health

professional is found in violation of such policies.

Conclusion:

The VADOC maintains appropriate policies to ensure contractors and volunteers at the Central Virginia Correctional Unit #13 are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's policies, procedures, training records, training curriculum and conducted formal interviews with staff, volunteers and contractors to determine the facility meets the requirements of this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- a. 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 ☐ No

115.78 (b)

- b. 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 ☐ No

115.78 (c)

- c. 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 ☐ No

115.78 (d)

- d. 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 ☐ No

115.78 (e)

- e. 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 ☐ No

115.78 (f)

- f. For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 861.1 Offender Discipline, Institutions
- Policy - 038.3 Prison Rape Elimination Act,
- Interview with Investigator
- Interviews with Medical Practitioners
- Interview with Mental Health Practitioner
- Interviews with Confined Persons

Auditor Discussion:

The agency's policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency's policy allows staff to discipline offenders for acts of sexual abuse after a criminal finding of guilt. According to facility policy, sanctions following the discipline process must consider the following:

- The nature and circumstances of the offense committed; The offender's discipline history; and
- The penalty imposed for comparable offenses committed by other offenders with similar histories.
- The discipline process is required to consider whether the offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

The Qualified Mental Health Professional is required by policy to assess the following:

- Clinical impressions related to the discipline offense;

- Likelihood of understanding the acceptance of a Penalty Offer;
- Likelihood of effectively participating in the hearing;
- Potential impact of Special Housing on offender's cognitive/mental condition; and
- Provide relevant comments and/or recommendations.

Agency policy requires facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in interventions as a condition of access to programming or other benefits.

Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the Virginia Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.

Analysis/Reasoning

Operating Procedure 038.3

4. Any inmate or CCAP probationer/parolee who makes a report of inmate or CCAP probationer/parolee on-inmate or CCAP probationer/parolee 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; see Operating Procedure 861.1, Offender Discipline, Institutions and Operating Procedure 940.4, Community Corrections Alternative Program. (§115.78[f], §115.278[f]) a. Staff will not charge inmates and CCAP probationers/parolees for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. b. 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.

Operating Procedure 861.1

121. False statements or charges against an employee. 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 against employees. The purpose of this offense is to prevent offenders from fabricating charges against corrections employees. Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation. The employee who is the subject of the statement/charge will not be the Reporting Officer. This offense code excludes reports of sexual abuse and offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.52[g], §115.78[f])

206. Lying or giving false information to an employee This offense code excludes reports of sexual abuse and

offender grievances made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.52[g], §115.78[f])

The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. Disciplinary charges are not placed on a confined persons for filing an allegation unless the facility can prove the confined person made the allegation in bad faith. Each Investigator was asked if charges are placed on confined persons if an act is consensual. The Auditor was informed disciplinary charges are placed on offenders for participating in sexual activity. Investigators explained offenders who participate in a consensual sex act are not charged for a sexual abuse related offense.

The Auditor conducted a formal interview with medical health practitioners. The Auditor asked what services are offered to confined persons. Confined Persons are offered counseling, therapy and other intervention services. The Auditor asked if offenders are required to participate in any meetings or sessions. The Auditor was informed confined persons are not forced to participate in any mental health service offered at the facility. Medical and mental health services are offered to all confined persons. Confined Persons maintain the right to refuse services. The mental health practitioner informed the Auditor their department is involved following an act of sexual abuse, including a consideration of whether mental disabilities may have contributed to the incident.

The facility reported there was no offender disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. There were no findings that a confined person engaged in an act of offender-on-offender sexual abuse within the past 12 months.

Conclusion:

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, and offender records, interviewed staff and confined persons. The Auditor determined the facility meets the requirements of this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 ☐ No ☐ NA

115.81 (b)

- 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 ☐ No ☐ NA

115.81 (c)

- 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? ☒ Yes ☐ No

115.81 (d)

- 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 ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by

information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 730.2 MHWS: Screening, Assessment, and Classification
- Policy - 425.4 Management of Bed and Cell Assignments
- Policy - 701.3 Health Records
- Offender Records
- Mental Health Appraisals
- Interviews with Medical Practitioners
- Interview with Mental Health Practitioner
- Interviews with Staff
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any offender who informs staff he/she previously experienced sexual victimization or perpetrated an act of sexual abuse. The policy applies to any offender who reported whether the abuse occurred in an institutional setting or in the community. The Qualified Mental Health Professional informs each confined person of relevant treatment and programming options.

Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from confined persons before reporting information about prior victimization that did not occur in an institutional setting, unless the confined person is under the age of 18.

Analysis/Reasoning

Operating Procedure 730.2

D. All inmates designated as a High-Risk Sexual Aggressor (HRSA) or High Risk Sexual Victim (HRSV) are referred to Psychology Associate staff for assessment and follow-up in accordance with Operating Procedure 810.1, Offender Reception and Classification, and Operating Procedure 810.2, Transferred Offender Receiving and Orientation.

1. In institutions, within 14 days of completion of the Classification Assessment, the Psychology Associate will notify those inmates, 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) Psychology Associate Follow-Up 730_F28. (§115.81[a, b]) a. 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. (§115.81[d]) b. Before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18, the Psychology Associate must obtain informed consent from the inmate (Consent for Release of Information 050_F14 or Consent for Release of Confidential Health and/or Mental Health Information 701_F8). (§115.81[e])

Operating Procedure 425.4

I. Bed and Cell Assignments

A. Classification Assessment

1. Any information related to an inmate's sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to health care practitioners and other staff, as necessary, to make appropriate housing and bed assignments, or as otherwise required by Federal, State, or local law. (§115.81[d])

Operating Procedure 701.3

2. Medical and mental health practitioners must obtain informed consent from inmates and CCAP probationers/parolees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate or CCAP probationer/parolee is under the age of 18. (§115.81 [e])

In the past 12 months, one (1) percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner:

The Auditor reviewed the record of one (1) confined person who reported suffering sexual victimization during the intake process. The Case Manager sent an email to the mental health practitioner advising her of the confined person who reported victimization. The Auditor reviewed the mental health records of the confined persons who reported suffering sexual victimization. A review of records reveal they were offered a follow-up with a mental health practitioner. Each accepted the meeting and was seen within 14 days of arrival. The facility reported no confined person has been identified as a sexual abuser. Every confined person who enters the Central Virginia Correctional Unit #13 is screened by a mental health professional during the booking process.

The Auditor conducted a formal interview with medical health practitioners. Medical practitioners screen every confined person who enters the agency and each facility. The Auditor asked if confined persons are offered a follow up with the mental health professional when they report previously suffering sexual abuse.

The Auditor was informed they are offered a follow-up meeting with a Mental Health Professional. Medical practitioners were asked who medical and mental health share their information with. The Auditor was informed they only discuss the information they learn with those who have a need to know.

The Auditor asked medical and mental health practitioners if they obtain written informed consent prior to sharing information related to sexual victimization. The Auditor was informed if the victimization occurred in a community setting written informed consent would be obtained prior to reporting. No medical or mental health practitioner has had a need to report such victimization.

The Auditor asked the medical health practitioner who information regarding a sexual victimization or

abusiveness that occurred in an institutional setting is reported to. The Auditor was informed that information is reported to the Shift Commander. The Auditor asked who has access to a confined person's medical and mental health record. Only medical and mental health practitioners have access to a confined person's medical and mental health records.

The Auditor conducted a formal interview with a mental health practitioner. The Auditor asked if she meets with confined persons who have suffered sexual victimization in the community. The mental health practitioner stated mental health screens all confined persons upon arrival. The mental health professional is notified when a confined person reports suffering sexual victimization in the community, following an incident of sexual abuse and by referral or requests. When the confined person agrees to accept the meeting, she/he does meet with the mental health professional. The Auditor asked if meetings with her/him are mandatory or required. The mental health professional stated they are not mandatory; the confined person has to agree to participate.

The Auditor asked if sexual abusers are offered a follow-up meeting with mental health. The mental health practitioner informed the Auditor sexual abusers are offered a follow up but are not required to accept. When asked how the mental health practitioner is notified of offered follow-ups the mental health practitioner stated the nurse and/or Case Manager sends an email notification.

The Auditor conducted a formal interview with a Case Manager. The Case Manager was asked if confined persons are offered a follow up meeting with a medical or mental health practitioner if a confined person reports previously suffering sexual victimization during the classification process. The Auditor was informed a follow-up with the QMHP is offered. When asked how long it generally takes for the meeting to occur the Auditor was informed the QMHP generally meets with the confined person within a couple days. The Case Manager was asked who has access to the information obtained on the screening questionnaire. The Auditor was informed that information is accessible to select personnel who can inform housing, treatment and education decisions. The Auditor asked the Case Manager how she notifies mental health after learning an confined person suffered sexual victimization. The Auditor was informed an email is sent to the mental health practitioner.

In the past 12 months, (0) percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

During the 2024/2025 audit period no screenings of confined persons at Central Virginia Correctional Unit #13 indicated a history of sexual abuse perpetration; therefore, there were no referrals to Mental Health or subsequent mental health follow ups.

The Central Virginia Correctional Unit #13 has not housed a youthful offender in the previous 12 months.

Conclusion:

The Auditor concluded confined persons are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization. The Auditor reviewed the agency's policies, procedures, confined person records, Mental Health Appraisals, conducted interviews with staff, medical/mental health practitioners and confined persons. After a thorough review the Auditor concluded the agency meets the requirements of this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 ☐ No

115.82 (b)

- 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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- 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 ☐ No

115.82 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 720.7 Emergency Medical Equipment and Care
- Policy - 730.2 MHWS: Screening, Assessment, and Classification
- Policy - 720.4 Co-Payment for Health Care Services
- Policy - 075.1, pg. 6
- Investigative Records
- Sexual Assault Response Checklist
- MOU with the Virginia Sexual Domestic Violence Action Alliance
- Coordinated Response Plan
- Interviews with Medical/Mental Health Practitioners
- Interviews with Staff
- Interview with Victim Advocate
- Interviews with Confined Persons

Auditor Discussion:

The Virginia Department of Corrections policy requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.

The VADOC policy states, "Inmates/probationers/parolees are not to be assessed a co-payment charge for the following services. Emergency and ongoing medical and mental health treatment services and care provided to inmate/probationer/parolee victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Analysis/Reasoning

Operating Procedure

720.7

A. Access to emergency medical services 1. 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. (§115.82[a], §115.282[a])

Operating Procedure 720.4

15. Emergency and ongoing medical and mental health treatment services and care provided to inmate/probationer/parolee victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

Operating Procedure 730.2

Psychology Associates may be made aware of the incident or alleged incident from health services staff, investigators, a MHCS, directly from the inmate/probationer/parolee, inmate/probationer/parolee family members, PREA Hotline, or other contacts and facility staff. (§115.82[a])

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor asked if they feel medical and mental health services offered at the facility are consistent with a community level of care. The practitioners feel the services offered at the facility are consistent with those offered in the community. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed there is never a time because the facility provides 24-hour coverage at the CVCU #13.

Medical practitioners informed the Auditor offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by the QMHP and through the Virginia Sexual and Domestic Violence Action Alliance.

Medical and mental health practitioners were asked if offenders are charged a fee for treatment services related to a sexual abuse victimization. The Auditor was informed all services related to sexual abuse victimization are free to the victim. Each confined person interviewed by the Auditor was aware treatments related to sexual victimization are provided at no cost to the victim. The Auditor reviewed offender records to verify no offender who reported suffering sexual abuse was charged a fee for mental health related services. The Auditor observed no evidence a confined person paid for such services.

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

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

- Escort the victim to the facility medical unit as soon as possible to provide examination, treatment, and evaluation;
- If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually

transmitted diseases;

- Ensure referral for counseling and mental health service needs if warranted; and Ensure follow up medical treatment or mental health service needs are arranged.

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance. The memorandum stipulates the VSDVAA agrees to maintain a statewide Hotline that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims. The VSDVAA also agrees to provide accompaniment services during a forensic examination and investigations. The Auditor conducted a telephone interview with a victim advocate from the Virginia Sexual and Domestic Violence Action Alliance. The Auditor discussed the Memorandum of Understanding with the victim advocate. The advocate explained the crisis intervention services offered to offender victims of sexual abuse. The victim advocate was unaware of an offender who has requested crisis intervention services in the previous 12 months.

The Auditor conducted formal interviews with offenders. The Auditor discovered some offenders were aware of crisis intervention services and others were not aware. Each was asked if they were provided an Offender Handbook and Zero Tolerance Brochure. All informed the Auditor they remember receiving information and a handbook. The Zero Tolerance Brochure provides the contact information to the VSDVAA. Each offender was asked if they were aware services related to sexual abuse are free offender victims. Each was aware those services are free. The Auditor asked confined persons if they watched a video related to sexual abuse. Confined Persons stated they did see the video. Each confined person informed the Auditor they have seen the sexual abuse posters on the housing unit bulletin boards. The postings include information how to contact the VSDVAA.

Conclusion:

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

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 ☐ No

115.83 (b)

- 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 ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- 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.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- 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.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- 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 ☐ No

115.83 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 720.7 Emergency Medical Equipment and Care
- Policy - 730.2 MHWS: Screening, Assessment, and Classification
- Policy - 720.1 Access to Health Services
- Policy - 720.4 Co-Payment for Health Care Services
- Investigative Records
- Offender Records
- Interviews with Medical Practitioners
- Interviews with Staff
- Interview with

SANE Auditor

Discussion:

The VADOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Policy stipulates, as appropriate, the evaluations and treatments include the following:

- Follow-up services;
- Treatment plans; and
- Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody, when appropriate.

The VADOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care. All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The agency's policy requires QMHPs attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.

Analysis/Reasoning

Operating Procedure 720.7

G. Ongoing medical and mental health care for sexual abuse victims and abusers 1. 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. (§115.83[a], §115.283[a])

Operating Procedure 720.1

3. Inmates who are pregnant as a result of sexually abusive vaginal penetration while incarcerated will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[d], 115.83[e], §115.283[d], §115.283[e])

Operating Procedure 730.2

b. Psychology Associates will 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. (§115.83[h], §115.283[h]) i. Other than routine monitoring (e.g., in Restrictive Restorative Housing Unit), mental health and wellness services are not automatically offered to the alleged/founded perpetrator of the sexual assault. (changed 9/1/21) ii. If mental health and wellness services are provided, e.g., if the alleged/founded perpetrator requests such services, a Psychology Associate other than the 3. Psychology Associates may be made aware of the incident or alleged incident from health services staff, investigators, a MHCS, directly from the inmate/probationer/parolee, inmate/probationer/parolee family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a]) a. If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the Psychology Associate will immediately notify the facility medical department unless the referral is from medical. b. The Psychology Associate will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the inmate/probationer/parolee is unavailable, e.g., hospitalized). i. The evaluation and treatment of the victim will 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. (§115.83[b], §115.283[b]) ii. The Psychology Associate should offer services and, based on the inmate's/probationer's/parolee's mental and physical status, set an initial time as soon as possible to meet with the inmate/probationer/parolee. iii. If, prior to seeing the inmate/probationer/parolee, the Psychology Associate learns that the inmate/probationer/parolee has been transported to another DOC facility, the Psychology Associate will contact the Senior Psychology Associate at the receiving facility to ensure follow up. c. If indicated, the examining Psychology Associate will offer the inmate/probationer/parolee information on ways to avoid or reduce the probability of sexual victimization to include providing the inmate a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment to Operating Procedure 038.3, Prison Rape Elimination Act (PREA). d. The Psychology Associate will conduct a Sexual Assault Assessment 730_F25 and recommend subsequent services as indicated. The Sexual Assault Assessment may be conducted by any Psychology Associate identified by their immediate supervisor as

competent to conduct such assessments. (§115.83[a], §115.283[a])

5. Results of the Sexual Assault Assessment will determine the nature and extent of recommended follow-up mental health and wellness services offered to the inmate/probationer/parolee. §115.83[a], §115.283[a])

a. The Psychology Associate provides victims with follow-up mental health and wellness services consistent with the community level of care. (§115.83[c], §115.283[c]) b. If the inmate/probationer/parolee refuses recommended follow up services, the Psychology Associate will advise the inmate/probationer/parolee that they can change their mind at any time and that the Psychology Associate will check back with them (within a week) to monitor their status. c. If the inmate/probationer/parolee agrees to accept services, the Psychology Associate will follow up and provide services to the inmate/probationer/parolee as deemed appropriate.

Operating Procedure 720.4

Emergency and ongoing medical and mental health treatment services and care provided to inmate/probationer/parolee victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

The Auditor conducted a formal interview with a mental health practitioner. Mental health practitioners do not stipulate a minimum or maximum time they meet with victims of sexual abuse. The mental health practitioner meets with victims and abusers if the victim or abuser requests such meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor asked the mental health practitioner what services are offered to victims of sexual abuse. The Auditor was informed of counselling sessions, referrals, if appropriate, and follow-up services, if needed. The mental health practitioner creates and follows treatment plans. The Auditor asked the mental health practitioner if she/he felt services offered at CVCU #13 are consistent with a community level of care. The Auditor was informed the services offered at CVCU #13 are consistent with community level services.

The Auditor asked the mental health practitioner if she attempts to discover the underlying reason that cause sexual abusers to commit such acts. The medical practitioner informed the Auditor she does attempt to conduct such evaluations and treatments with offender-on- offender sexual abusers. The Auditor was informed those confined persons are not required to participate in sessions with the mental health practitioner. The Auditor asked how long after learning a confined person committed and act of offender- on-offender sexual abuse does she meet with them. The mental health practitioner stated she meets with the confined person within a couple days. The mental health practitioner is aware the agency requires the meeting occur within 60days.

The Auditor conducted interviews with confined persons who have previously suffered sexual abuse in the community, and allegedly in the facility. Those confined persons were asked if they have met with a mental health practitioner. Those who had met with a mental health practitioner were asked how much they paid for services. The confined persons stated they were not charged a fee for the services. Each was asked how many times they have met with the mental health practitioner. Some have seen the mental health practitioner multiple times while others have refused services. The Auditor reviewed their records and observed the facility documented the meeting with the mental health practitioner.

The SANE offers agency female victims timely information and timely access to lawfully pregnancy related services. The SANE does not directly bill the confined person for services related to the forensic examination. There has not been a forensic examination conducted for a confined person from the

Central Virginia Correctional Unit #13 in the past 12 months. Central Virginia Correctional Unit #13 is a female facility; therefore, Standards 115.83 (d) – 1 and 115.83 (e) – 1 are applicable.

The Auditor conducted a review of investigative records from the previous 12 months. There were no substantiated incidents of offender-on-offender or staff-on-offender sexual abuse at the CVCU #13 in the previous 12 months.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.1 Reporting Serious or Unusual Incidents
- Policy - 038.3 Prison Rape Elimination Act (PREA)
- Investigative Records
- PREA Report of Incident Review
- Interviews with Staff

Auditor Discussion:

The Virginia Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the Regional PREA Analyst no later than 14 calendar days of the conclusion of the investigation. Policy allows for an extension if the facility determines the report will not be completed within 14 days. The facility must contact the Regional PREA Analyst to discuss the extension. The VADOC policy requires the review team include:

- At least 2 employees designated by the Unit Head;
- One Administrative Duty Officer who will solicit input from the PREA Compliance Manager;
- Line supervisors;
- Investigators; and
- Medical or mental health practitioners.

Agency policy requires the review team conduct the following tasks:

- Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed;
- Provide an analysis of the causal factors and contributing circumstances;
- Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Develop an Action Plan to limit or mitigate similar future incidents.

The agency's policy requires the review team include the team's findings and recommendations for improvement. The Incident Review Team is required to submit the report to the Regional PREA Analyst and Regional Office for review by the Regional Administrator and/or Regional Operations Chief. The facility is required to implement recommendations for improvement or shall document the reasons for not doing so.

Analysis/Reasoning

Operating Procedure

038.1

VIII. Review of Incidents A. Incident Types requiring a Report of Incident Review

3. A sexual abuse incident review, PREA Report of Incident Review 038_F11, will 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. (§115.86[a], §115.286[a])

B. Conducting Incident Review: (§115.86[d], §115.286[d])

1. The Incident Review Team should consist of at least two DOC employees designated by the Unit Head.
2. The Incident Review Team will 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. (§115.86[c], §115.286[c])
3. The review should begin as soon as practical after the incident and a Report of Incident Review 038_F3 submitted within seven working days of the initial Incident Report. Follow-up reports may be submitted if all information is not available within seven working days.
4. 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. (§115.86[b], §115.286[b])

C. Review Elements

1. What happened?
2. Where did it happen?
3. Who was involved?
4. How did it happen?
5. When did it happen? (time and contributing circumstances)
6. What was the response?
7. Why did it happen? (causal factors)

D. Review Methodology

1. Review of Incident Report or Internal Incident Report, investigation reports, and any other available documentation
2. Interview participants and witnesses
3. Examine any physical evidence
4. Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may have contributed to the incident (§115.86[d(3)], §115.286[d(3)])
5. Review relevant operating procedures, training manuals, equipment operating manuals, safety program guides, etc.
6. Develop the unit's action plan to limit future incidents
7. The review of incident will be documented on a Report of Incident Review 038_F3 or PREA Report of Incident Review 038_F11 for sexual abuse and harassment incident reviews.

E. Completing the Report of Incident Review 038_F3 or PREA Report of Incident Review 038_F11 (§115.86[d(6)], §115.286[d(6)])

1. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed.
2. Provide an analysis of the causal factors and contributing circumstances.
 - a. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay,

bisexual, transgender or intersex identification, status, or perceived status; gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility. (§115.86[d(2)], §115.286[d(2)])

- b. Assess the adequacy of staffing in that area during different shifts. (§115.86[d(4)], §115.286[d(4)])
- c. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (§115.86[d(5)], §115.286[d(5)])
3. Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application for the current procedure, practice, staffing and/or training; or whether there is a need to revise the current procedure, practice, staffing, and/or training. (§115.86[d(1)], §115.286[d(1)])
4. Develop an Action Plan to limit or mitigate similar future incidents. The unit will implement the recommendations for improvement or will document its reasons for not doing so. (§115.86[e], §115.286[e])
5. Submit to the Regional Office for review by the Regional Administrator and/or Regional Operations Chief a copy of all PREA Report of Incident Reviews for sexual abuse and sexual harassment, which will also be submitted to the Regional PREA Analyst as directed in Operating Procedure 038.3, Prison Rape Elimination Act (PREA). (§115.86[d(6)], §115.286[d(6)])
6. Submit as an Addendum to or upload as an external document to the original Incident Report in VACORIS after completion of Regional Office review. PREA Incident Reviews for sexual abuse and sexual harassment will not be uploaded to VACORIS; a copy will be maintained at the facility.
7. Submit as an email attachment to the Director, Chief of Corrections Operations, and OLU Operations Center.

Operating Procedure 038.3

B. Data Collection

- a. Staff will conduct a PREA incident review and complete a PREA Report of Incident Review 038_F11 for all substantiated and unsubstantiated sexual abuse investigations and substantiated sexual harassment investigations; see Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§115.86[a], §115.286[a])
 - i. A PREA incident review is not required when an allegation of sexual abuse is determined to be unfounded after PREA investigation is completed.
 - ii. A PREA incident review is not required when an allegation of sexual harassment is determined to be unsubstantiated or unfounded.
- b. Staff must complete all sexual abuse incident reviews within 14 calendar days of completion of the investigation. The PREA Compliance Manager must notify the Regional PREA Analyst when the PREA Report of Incident Review 038_F11 will not be completed within 14 calendar days.
- c. The PREA Compliance Manager will submit the completed PREA Report of Incident Review 038_F11 to the Regional Office. Prior to submission to the Regional Office, the PREA Report of Incident Review must be forwarded to the Regional PREA Analyst for review and approval.

In the past 12 months, there was one (1) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. In the past 12 months, there was one (1) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

In each case, the Incident Review Team met within 30 days of the conclusion of the investigation. The review team consisted of each required staff member in accordance with the agency's policy. The review team

documented its findings at the conclusion of the meeting. The Auditor observed the following considerations in the PREA Report of Incident Review:

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

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

The Auditor conducted a formal interview with a staff member who serves on the Incident Review Team. The staff member discussed the process of the review team with the Auditor. The staff member explained the team meets in the conference room and reviews the investigative report and discusses the allegation. The team member informed the Auditor the team follows the VADOC's formatted form to ensure all elements of this standard are considered. The team member stated the team does discuss recommendations for improvement and include those recommendations on the final report. The Incident Review Team Member was asked when the team meets following an investigation. The Auditor was informed the team meets within 30 days of the conclusion of the investigation.

Conclusion:

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

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- 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 ☐ No

115.87 (d)

- 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 ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act (PREA)
- Agency Website
- Annual Reports
- Surveys of Sexual Violence

Auditor Discussion:

VADOC policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control, including private facilities, utilizing a standardized instrument and set of definitions. The incident-based data must be aggregated annually. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the VADOC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.

The Virginia Department of Corrections contracts confinement of offenders with the GEO group at the Lawrenceville Correctional Center. The Lawrenceville Correctional Center is not under the direct control of the Virginia Department of Corrections. The VADOC is not required to collect and aggregate data accumulated at the Lawrenceville Correctional Center. The GEO group is required to collect, aggregate and report data from its facility.

Per a memo from the Director of the Virginia Department of Corrections, Chadwick S. Dotson, dated August 1, 2024, the Virginia Department of Corrections assumed control of Lawrenceville Correctional Center, which was the only privately operated prison in Virginia.

Analysis/Reasoning

Operating Procedure 038.3

VIII. Data Collection, Review and Corrective Action A. DOC staff collects accurate, uniform data on every allegation of sexual abuse at facilities under the direct control of the DOC using a standardized instrument and set of definitions. (§115.87[a], §115.287[a])

The Auditor reviewed the agency's 2020 and 2021 Annual Reports published on the Virginia Department of Corrections website. Each report includes data aggregated from January 1st through December 31st. The reports were easily accessible as the agency's website was simple to navigate. The data collected included definitions of the following:

- Offender-on-offender nonconsensual sexual acts
- Offender-on-offender abusive sexual acts
- Offender-on-offender sexual harassment
- Staff-on-offender sexual victimization
- Staff sexual misconduct
- Staff sexual harassment

The agency contracts for the confinement of its offenders with the GEO Group. The GEO Group operates a private prison in Lawrenceville, VA. A review of the agency's PREA Annual Report reveals the agency is collecting data from the Lawrenceville Correctional Center where Virginia Department of Corrections offenders are housed, although Lawrenceville is not under the VADOC's direct control.

The Agency's website includes all Bureau of Justice Surveys of Sexual Violence submitted by the agency from 2014 through 2023. The Auditor received copies of surveys submitted by the agency from 2014 through 2023 data. The VADOC PREA Hotline Coordinator compiles the data, completes the Survey of Sexual Violence and submits the completed form to the Bureau of Justice Statistics. All surveys are submitted by the PREA Hotline Coordinator before June 30th.

The Auditor interviewed the Regional PREA/ADA Analyst concerning the collection of sexual abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents in investigative records. Data is reported to the PREA Hotline Coordinator who is responsible for maintaining and compiling the annual data. The PREA Hotline Coordinator has an office in the VADOC Headquarters Building where data is securely stored in the locked office. All data derived from CVCU #13 is securely maintained in the Investigator's locked office.

Conclusion:

The Auditor observed evidence that the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. Per a memo from the Director of the Virginia Department of Corrections, Chadwick S. Dotson, dated August 1, 2024, the Virginia Department of Corrections assumed control of Lawrenceville Correctional Center, which was the only privately operated prison in Virginia.

The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 ☐ No
- 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 ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective

actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- 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 ☐ No

115.88 (c)

- 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 ☐ No

(d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act (PREA)
- Annual Reports
- Website
- Interviews with Staff

Auditor Discussion:

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

and training. The data review is conducted in an attempt to:

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

Policy requires the data review report include the following:

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

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

Analysis/Reasoning

Operating Procedure 038.3

VIII. Data Collection, Review and Corrective Action

B. Data Collection

C. Data Review for Corrective Action 1. DOC staff reviews collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by: (§115.88[a], §115.288[a]) a. Identifying problem areas b. Taking corrective action on an ongoing basis c. Preparing an annual report of its findings and corrective actions for the DOC as a whole and each facility

The Auditor reviewed the Virginia Department of Corrections website. The agency maintains annual reports that include its findings and corrective actions for all agency facilities, including a private facility for which it contracts for the confinement of VADOC offenders. The public can access the agency's reports through the "Offenders" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. Each report is accessible through the "PREA Reports Page" link. After opening this link the public can view each annual PREA Report and/or individual facility PREA Audit Reports. The agency's website includes annual reports published from 2014 through 2021.

A review of the facility's annual reports reveals the agency attempts to discover problem areas within each agency facility based on a review of data collected. The agency's annual report includes any corrective actions taken by the VADOC. The "Corrective Actions" section of the 2023 annual report included a statement:

□ "A total of 123 cameras were installed.

➤ PREA videos were added to channel 29 for inmate viewing.

➤ Upon completion of a substantiated staff-on-inmate sexual abuse investigation, mandatory PREA refresher training was provided to all staff, contractors, and volunteers. The incident, which had occurred in 2022, was deemed substantiated in 2023. The employee, who was a probationary employee, was terminated from his job. The agency's 2023 Annual Report included corrective actions made at 21 VADOC facilities and specifies the corrective actions made at each facility.

The annual report includes a "Summary & Comparison" section. The section identifies the following:

- A total of 1051 allegations were reported and investigated during 2023. This compared to 786 allegations during 2022 and 761 allegations during 2021.
- A total of 21 PREA Audits were successfully completed in the calendar year 2023, with all facilities found to be 100% fully compliant.

The Auditor observed a section of the annual report that compares data from each facility in the specific regions with one another. The data is compared in a pie graph style. The data is compared for the Western, Central and Eastern Regions. The section also includes a pie graph comparison of the agency data as a whole. In addition to the pie graph charts, each includes the numbers of the allegations for the top three facilities in each region.

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

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

Conclusion:

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

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- 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 ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy - 038.3 Prison Rape Elimination Act (PREA)
- Interviews with Staff
- Observations

Auditor Discussion:

The agency's policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. Policy stipulates personal identifiers will be removed. The VADOC requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. All VADOC agency data is maintained by the agency's PREA Hotline Coordinator.

Analysis/Reasoning

Operating Procedure 038.3

2. Staff must securely retain all data collected on allegations of sexual abuse at DOC facilities. (§115.89[a], §115.289[a])

The Auditor conducted an interview with the PREA Compliance Manager and Regional PREA/ADA Analyst. The PCM is responsible for reporting facility data to the Regional PREA/ADA Analyst. All facility data gathered by the PCM is maintained in his locked office. All data reported to the agency's PREA Hotline Coordinator is maintained by the coordinator in an office in the VADOC Headquarters Building. Information for the agency's annual report is compiled from investigative files, Incident Reviews and other supporting reports. Agency and facility data is maintained electronically on computers that require a unique username and password to gain access to the data.

The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report. The Auditor observed data collected from 2014 through 2021. There were no personal identifiers included in any agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Hotline Coordinator for a minimum of 10 years after collection. A username and password are required to gain access to the computer used by the PREA Hotline Coordinator. All investigative data used to compile the data is maintained in the Investigator's and PCM's locked offices and on their computer that require a username and password. The Auditor observed the office of the Investigator and PCM.

Conclusion:

The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third

of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ 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 ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Previous PREA audit report
- Facility Tour
- Interactions with Staff

Auditor Discussion:

Each facility under the direct control of the Virginia Department of Corrections had been audited at least once during the previous three-year audit cycle. During the previous three-year audit cycle, the Virginia Department of Corrections ensured at least one-third of its facilities were audited each year. This is the fourth year of an audit cycle. During the first year of this cycle the Virginia Department of Corrections ensured at least one third of its facilities were audited. The Central Virginia Correctional Unit #13 was last audited in June 2022.

Analysis/Reasoning:

The facility conducted this audit during the fourth year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures, documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12-month period. The facility allowed the Auditor to conduct formal interviews with offenders and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility.

During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera placements and reviewed monitors to ensure offenders were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was allowed to correspond confidentially with the Auditor prior to the Auditor's arrival.

Conclusion:

The audit team received complete cooperation with the DOC staff, CVCU #13 staff, and confined persons at the prison. Operating Procedures and secondary documentation were provided well before the onsite visit. CVCU #13 is in compliance of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Agency Website
- Previous PREA Audit Reports

Auditor Discussion:

The agency has published its previous PREA Audit reports on its website.

Analysis/Reasoning:

The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The reports are easily accessible through a "drop-down" menu on the "Offenders" tab. After accessing the tab, the public can access reports through the "Prison Rape Elimination Act" hyperlink. This page includes a "PREA Reports page." Each audit report for all VADOC facilities is accessible on the page. The Central Virginia Correctional Unit #13 Correctional was last audited in June 2022.

Conclusion:

The Auditor determined the agency meets the requirements of this standard.

<h2>AUDITOR CERTIFICATION</h2>

I certify that:

- ☐ 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, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alton Baskerville

May 13, 2025

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.