PREA Facility Audit Report: Final

Name of Facility: Marion Correctional Treatment Center
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/25/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Gregory Winston	**Date of Signature:** 08/25/2023

AUDITOR INFORMATION	
Auditor name:	Winston, Gregory
Email:	gwinston1993@gmail.com
Start Date of On-Site Audit:	06/27/2023
End Date of On-Site Audit:	06/29/2023

FACILITY INFORMATION	
Facility name:	Marion Correctional Treatment Center
Facility physical address:	110 Wright Street, Marion, Virginia - 24354
Facility mailing address:	

Primary Contact

Name:	Jeffrey Snoddy
Email Address:	jeffrey.snoddy@vadoc.virginia.gov
Telephone Number:	(276) 783-1381

Warden/Jail Administrator/Sheriff/Director	
Name:	Jeffrey Snoddy
Email Address:	jeffery.snoddy@vadoc.virginia.gov
Telephone Number:	(276) 783-1381

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

Facility Health Service Administrator On-site	
Name:	Corena McGhee
Email Address:	corena.mcghee@vadoc.virginia.gov
Telephone Number:	(276) 783-9500

Facility Characteristics	
Designed facility capacity:	379
Current population of facility:	198
Average daily population for the past 12 months:	237
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	19-80
Facility security levels/inmate custody levels:	1-6 and RHU
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	248
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	54

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

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

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
3	• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.31 - Employee training • 115.33 - Inmate education
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-27
2. End date of the onsite portion of the audit:	2023-06-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Action Alliance Ballard Healthcare SAFE/SANE

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	379
15. Average daily population for the past 12 months:	237
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	186
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	52
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	14
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	257
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	54

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	6
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmates were selected randomly from housing rosters from each housing unit.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The most important thing to consider is that this is a very unique inmate population that presents challenges for getting valuable information during inmate interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed inmates with physical disabilities that would have no impact on their ability to benefit from the VADOC PREA program, such as those with prosthetic limbs or who are wheelchair bound.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The inmates in this facility who are hard of hearing or deaf receive assistive technology and thus are able to participate in the programs and receive the protective benefits of the PREA program.

64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not confine individuals to restorative housing for that reason.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
76. Were you able to interview the Agency Head?	(●) Yes ( ) No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☐ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor's observations of the critical functions required by the standard demonstrate that they are committed to the PREA program and the commitment is above average.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	5	2	3	0
Total	5	2	3	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	15	0	15	0
Total	20	0	20	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	2	0	0	0
Total	0	2	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	3	0	0
Total	0	3	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	3	2	0
Staff-on-inmate sexual harassment	0	7	8	0
Total	0	10	10	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	5

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	20
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	15
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	( ) Yes (●) No

Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
121. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	PAOA

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. VADOC OP - 038.3 Prisons Rape Elimination Act 2. VADOC OP - 135.2 Rules of Conduct Governing Employees Relationships with Inmates 3. Inter Office Memorandum 4. VADOC Organizational Chart 5. MCTC Organizational Chart 6. VADOC Work Description and Performance Plan - PREA/ADA Analyst 7. VADOC Work Description and Performance Plan - PREA/ADA Supervisor 8. VADOC Work Description and Performance Plan - Institutional Operations Manager

9. Staff Interviews

10. Inmate Interviews

11. MCTC Completed PAQ

Findings:
The Auditor reviewed the VADOC Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and written in accordance with the PREA Standards. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. Informational posters are prominent in all areas throughout the facility in common inmate areas, housing units as well as the telephone areas. Based upon interviews with staff and inmates, they are aware of the agency's "zero tolerance" policy.

The VADOC has designated an upper-level staff as the agency-wide PREA Coordinator/ ADA Manager. By virtue of her position, she has the authority to develop, implement and oversee the Department's efforts to comply with PREA standards.

There are three regional PREA Analysts that report directly to her. PREA Compliance Managers, one for each facility report to the PREA Analyst for their respective region. According to informal discussions with the Warden, PC, Analyst there appears to be an open line of communication between all levels of staff at the Agency and facility levels. The PREA Coordinator and PREA Analysts are directly involved in the implementation efforts, as well as handling and reviewing individual inmate issues for the agency. The auditor witnessed a number of interactions regarding phone calls and complaints from other facilities during the audit. Their conversations were cooperative and relaxed.

The MCTC has designated an upper-level staff member as the PREA Compliance Manager. Her position is Operations Manager and reports to the Warden on PREA related matters. A review of the organizational chart reflects this position in organizational structure. The PCM reports that she has sufficient time and by virtue of her position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility and the PCM is involved in the implementation efforts, as well as handling and reviewing individual inmate issues at the facility level.

Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the MCTC and VADOC. They understand their role regarding prevention, detection and response procedures.

In a targeted interview with the Warden, he stated that every allegation is investigated and he is kept in the loop on the progress of each allegation. All

	allegations are investigated thoroughly and each one is looked at on a case-by-case basis on its own merits. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. Memo 3. Interviews with Staff including the following: a. PREA Coordinator b. Contract Monitor 4. OP Policy - 038.3 Prison Rape Elimination Act 5. VADOC OP Policy 260.1 Procurement of Goods and Services 6. Contracts 7. Contract Renewals 8. Quarterly Facility Site Visits Report 9. Lawrenceville Correctional Center Audit Report Findings: DOC Policy is written in compliance with the standard and requires confinement of inmates in any new contract or contract renewal includes the entity's obligation to adopt and comply with PREA standards. The VADOC policy requires contracts to include a provision for contract monitoring to ensure the contract facility is complying with the PREA standards. Policy does not allow the DOC to enter a contract with an entity that fails to comply with PREA standards except in emergency situations. The VADOC has included language in all contracts (Master Agreements) to ensure that all contracted facilities comply with the provisions of PREA. The Auditor reviewed the contract between the VADOC and GEO Corrections & Detention, LLC, which was

	renewed in 2022. The Virginia Department of Corrections contracts for confinement of its inmates with GEO Corrections & Detention, LLC. The GEO Group operates a private prison in Lawrenceville, Virginia. The auditor reviewed the PREA Audit report for Lawrenceville Correctional Center which was submitted in August 2022. The Lawrenceville Correctional Center is in compliance with the PREA standards. MCTC does not house inmates contracted by other entities or contract with other entities to house MCTC inmates. Any contracts for confinement of DOC inmates is done at the agency level. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. VADOC OP 401.2 Security Staffing Assignments 2. VADOC OP 401.3 Administrative Duty Coverage 3. VADOC OP 401.1 Development and Maintenance of Post Orders 4. Annual Staffing Plan 5. Annual Staffing Review (01-20-2023) 6. Post Assignment Rosters 7. PREA Logbooks 8. MCTC Completed PAQ Interviews with the following: • PCM/PREA Analyst • Warden • Random Staff • Supervisors Responsible for Conducting Unannounced Rounds Observation of the following: Observation of unannounced rounds by supervisors as well as auditors during the site

review

Observation of supervisors documenting rounds in the PREA logbooks on the duty post during the site review

Findings:

VADOC policy states that by January 31st of each calendar year, each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. The policy states the Warden shall identify on each post assignment schedule all critical posts that must be filled on each shift. The MCTC staffing plan addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis was completed on January 20th, 2023. The facility staffing is based upon post audits that evaluate the staff needed for essential positions. The Auditor reviewed MCTC's post audit completed July 7th, 2022 which indicates there are 171 authorized positions (based upon a predicted population of 379); however the most recent staffing analysis indicated that they had 169 approved positions, based upon their current ADP of 216. The staffing plan does require any deviations be documented and justified. Notations and daily deviations from the regular staffing plan are notated on the daily duty roster. In the instance of a deviation from the staffing plan, the vacated posts due to staff shortages are notated and multiple examples were reviewed.

The most common reasons notated for deviation from the staffing plan are call-ins, mandated training, staff vacancies, short term disability, scheduled and unscheduled leave, and medical transportation.

At the time of the on-site review, MCTC had 2 vacancies. It was noted on the staffing plan review that due to the population dynamics, they would continue to need a higher than average staff to inmate ratio. In addition, they are preparing a large physical plant renovation that will require additional staff to supervise contractors performing work on site.

During a targeted interview with the Warden, the auditor verified that the Warden reviews the annual staffing plan and is a part of the review meeting. He closely monitors staffing and evaluates staff vacancies. The Warden verified that if there were an instance where the facility did not comply with their staffing plan, that instance would be notated, including the reason for the shortage and the actions taken. According to staff and the PAQ, there were instances where they were out of compliance with the staffing plan due to the reasons listed above. The Warden stated that they do consider the use of CCTV in considering the staffing plan. They regularly do camera reviews and assess areas that need additional coverage. In addition, they considered the use of security mirrors and the auditor reviewed work orders for the purchase and installation of several security mirrors. MCTC currently has 208 cameras. Video footage for PREA related issues is monitored by the facility's investigative team and other limited and select security staff.

	The auditor reviewed the most recent annual review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the site review, the auditor reviewed the deployment of CCTV monitoring. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. There are 208 cameras covering all areas of the facility. The cameras are accessible from multiple locations in the facility. In Accordance with the provisions of the policy and the related PREA Standards, MCTC, in collaboration with the PREA Coordinator and PREA Analyst, reviewed the staffing plan to determine whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This was documented on the staffing plan review, and signed and acknowledged by the Warden, PREA Analyst and PREA Coordinator. Staffing analysis specifically considered the safety for the facility's current and potential population of specialized inmates that require more intensive or specialized staffing, including LGBTI inmates, inmates with medical or mental health needs, disabled inmates, and geriatric inmates with cognitive disorders. The Auditor observed cameras in all areas of the facility. In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the VADOC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. During the pre-audit phase, the facility provided the auditor with a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the site review, the auditor reviewed PREA logbooks that verified that unannounced rounds were recorded daily and documented by the supervisors. Interviews with supervisors, as well as line staff verified that the rounds are unannounced and random. A targeted interview with the Warden revealed that they are generally fully staffed. The Warden said he feels as if the camera coverage is sufficient, and they are used in the overall management plan for the facility. The Warden stated that they ensure that all critical posts are covered and staff work overtime if needed to supplement the shift strength. After a review, the Auditor determined that the facility meets the requirements of the standard. Corrective Action: None

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC OP 425.4 Management and Bed Assignments 3. Review of population report on the day of the audit 4. Interviews with Staff 5. Memo Interviews with the following: • PREA Compliance Manager and Warden Observation of the following: • Site Review Findings: VADOC policy states youthful inmates will not be placed in a housing unit in which the inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. VADOC policy requires direct supervision by institutional staff when a youthful inmate and an adult inmate have sight, sound, or physical contact with one another. The agency assigns youthful inmates to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. The MCTC does not house youthful inmates. The Auditor interviewed random and specialized staff which indicated no staff had knowledge that a youthful inmate had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful inmates housed at the MCTC within the audit period. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 445.4, 801.1, 401.2, 350.2, 720.2 3. PREA logbooks with written documentation of cross gender announcements 4. Lesson Plan for Searches 5. Memo 6. Training Rosters 7. Post Orders Interviews with the following: • PCM • Random Staff • Medical Staff • Random Inmates Observation of the following: • Observation of inmate housing areas • Observation of CCTV coverage of housing areas and individual cells • Observation of staff announcing the presence of opposite gender staff during site review Findings: The VADOC policies prohibit cross-gender body cavity searches except when performed by medical personnel. The MCTC does not conduct cross-gender strip searches except under exigent circumstances, with approval of Shift Commander and notification of the ADO and the Regional PREA Analyst and completion of the Strip Search Deviation Request. Interviews with facility staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred during the audit period. The auditor observed the areas where strip searches occur and found them to be adequate in preventing casual viewing by anyone not performing the strip search. The MCTC only confines male inmates.

	VADOC Operating Procedure states that inmates are able to shower, change clothes and perform bodily functions without staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine security functions. The toilet and shower areas are adequately private. A review of CCTV coverage in common areas, bathroom areas and individual protective cells revealed that the cameras were pointed away from toilet areas or covered. Interviews with random inmates and staff indicate that they believe that inmates have sufficient privacy to perform bodily functions, change clothes, take a shower without being casually observed by others. The VADOC Operating Procedure states that staff of the opposite gender shall announce their presence when entering an inmate housing unit as described in post orders or written guidelines. Announcements are made regularly, and this is logged in the PREA logbook. During the site review, the auditor observed female staff announcing their presence in the housing unit and documentation being made in the PREA log. Inmates stated that announcements are being made when female security and treatment staff enter the housing units. Curtains and partitions were observed in housing areas and toilet areas that provided appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in direct view. The auditor observed all areas in the facility where inmates may be in a state of undress and concluded that these areas are sufficiently private to prevent casual viewing by female staff. The auditor observed areas CCTV coverage from video monitors as well. VADOC policy prohibits searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Based upon targeted interviews with medical staff and security staff as well as the PC and the Warden, no inmate has been examined for the purpose of determining gender status. In addition, the auditor reviewed the memo provided by the Warden confirming that no such searches occurred. During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the inmate. As MCTC is not a receiving facility, they are made aware when they are receiving a transgender inmate. The auditor also conducted a targeted interview with a transgender inmate who confirmed that no such search had been conducted and all searches were conducted respectfully and with dignity. Security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, in the least intrusive manner possible. These searches shall be consistent with security needs and should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require authorization.

	The search procedure training outline indicates the following: Pat-down searches of cross-gender, transgender and intersex inmates shall be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs at any time whether or not criteria for reasonable belief exists. Female corrections officers should conduct all frisk searches of transgender and intersex inmates unless urgent circumstances are present and documentable. If the inmate's genital status is unknown, it may be determined through conversation with the inmate, a review of the medical record, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. Strip searches of inmates by opposite gender staff may be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative. Transgender and intersex inmates expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review (Strip Search Deviation Form). Approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst. An Internal Incident Report must be submitted in Accordance with Operating Procedure 038.1, Reporting Serious of Unusual Incidents. Female officers perform pat down searches of inmates; however, female security staff may conduct visual searches of male inmates upon being identified as transgender at the inmate's request and approval through a "deviation form." Interviews with officers and inmates confirmed that male inmates are frisk searched by both male and female staff members. The auditor reviewed the training lesson plans that were provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in Accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The PAQ also provided training rosters for facility staff. VADOC policies require all staff to be trained on how to conduct searches, including those of transgender and intersex inmates. During random staff interviews, all staff indicated that they are trained to do cross-gender searches at the BCO academy and on-line in-service training. The Auditor reviewed the training lesson plan and found it to be in compliance with the standard. The PCM provided the auditor with electronic rosters of all completed in-service for the previous year (2022-2023). During the random staff interviews, employees interviewed recalled being provided training on how to perform cross-gender pat down searches, as well as how to search transgendered or intersex inmates. Interviews indicate that the officers understand how to conduct cross-gender searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Transgender inmates are able to request a "deviation form" in order to be frisk searched by a female officer. All inmates,

	including transgender inmates are permitted to shower privately. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3 3. Examples of Forms and Pamphlets including low vision (Braille) and hearing impaired 4. Contract Purple Communications, Inc. 5. Inmate Training Acknowledgement 6. PREA Training Video in English and Spanish and with subtitles 7. Contract Propio, LLC. Contract 8. Memo from Warden Interviews with the following: • PREA Compliance Manager • Random Staff • Classification Staff • Intake Staff • Inmates who have limited English proficiency and other disabilities Observation of the following: • Observation of posted information in facility and intake areas Findings:

The MCTC, in Accordance with VADOC Operating Procedures takes appropriate steps to ensure that inmates with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. VADOC Operating Procedure is written in Accordance with the standards and indicates that during intake, inmates determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PCM and PREA Analyst and Intake staff and Treatment Personnel and Warden indicate that MCTC ensures that any inmates with significant disabilities that required any special accommodations would be identified prior to intake. Staff would ensure the inmate are able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment, to the extent that they are capable. The agency's Zero Tolerance for Sexual Abuse and Sexual Harassment handbook for inmates is distributed to each inmate. In addition, in the inmate housing units, there are CCTV Monitors that provide information, including PREA information, to the population.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. The auditor observed PREA informational posters throughout the facility, in visible locations in both English and Spanish and especially near the inmate phones and on a CCTV. Spanish is the prevalent non-English language in the area. During interviews with staff responsible for intake, treatment and classification, they ensured that inmates with disabilities were provided access to the PREA program. Staff indicated that these situations would be handled on a case-by-case basis.

Based upon random staff interviews, the staff are aware of the availability of interpretive services for LEP inmates. The facility has the PREA brochure in a variety of formats, including braille, and pictorial information for deaf or hard of hearing. Formal and informal interviews with staff revealed that they would read the PREA information provided during Intake for inmates who are blind or have low vision or who cannot otherwise read or understand the information. The PREA video is both audible and closed captioned for those who may be deaf or blind. If MCTC receives an inmate with an intellectual or cognitive disability, this is handled on a case-by-case basis. A staff member conducts an individual session with the inmate to ensure the inmate receives and understands the agency's PREA information. The VADOC has a current contract with Purple Language Services to provide Sign Language services to hearing impaired inmates.

VADOC Operating Procedure indicates that inmates who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. Interpretive services include braille handbooks, telephone interpreters and video teleconferencing. The Auditor determined through staff interviews and a review of the contracts that the MCTC has interpreters available for limited English proficient inmates using a

	telephone-based interpreter service, Propio Language Services. During the on-site portion of the audit, the Auditor was able to speak with three inmates identified as having a cognitive disability, one inmate identified as low vision, and one inmate identified as limited English proficient. During the targeted interviews, the inmates were able to answer the auditor's questions and were somewhat aware of PREA. However, it is important to note that the disabled inmates at this facility had multiple challenges that were co-occurring. The inmates at this facility generally were significantly mentally ill. They were very closely monitored by staff in direct observation in most cases and the more significantly impaired inmates were in close supervision. Interviews with the disabled inmates were challenging at this facility. The auditor personally observed the interaction between staff and inmates and the auditor informally interviewed and interacted with the inmates. The inmates that would engage knew about the PREA, and they knew about the outside confidential support services and the outside reporting options. Most of the inmates were incarcerated persons from other prisons and the VADOC has a very robust PREA program, and the inmates knew to call #55 to report an incident of sexual abuse. In this facility, because of the close supervision, most inmates, despite knowing how to report to the outside, said that they would tell a staff member of an incident of sexual abuse or harassment. This facility has a very challenging mission that requires a very protective environment and in cases where severely disabled or mentally ill inmates who may not understand the specific details of the PREA Program, the staff are vigilant and protective of the inmates. MCTC offers the PREA Education video with closed captioning. Staff can also communicate with hearing impaired or deaf inmates through written communication. The Purple video conferencing equipment is also available to provide sign language to deaf or hearing- impaired inmates. The VADOC Operating Procedure prohibits the use of inmate interpreters except in instances where a significant delay could compromise the inmate's safety. Random interviews with staff indicate that inmates are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate sexual abuse. According to the targeted interview with the PCM and the PAQ, there were no instances of the use of an inmate interpreter. The facility has the PREA related information and handouts in a multitude of formats. Inmates are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the inmate handbook and PREA education. The Auditor reviewed examples of these forms in both English and Spanish. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 102.2, 260.1, 135.1, 102.3 3. Hiring Background Packet 4. Background Check on All Employees 5. Review of recently promoted employee files from the past 12 months 6. Reviews of employee files 7. Review of volunteer files 8. Background Information on Contract Employees hired within the last 12 months 9. Employment application 10. VCIN Transaction Report 11. Background verification 12. Interviews with PREA Coordinator, PREA Analyst and Human Resources Findings: The MCTC does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the computerized HR files and interview questions used by the VADOC and MCTC and determined that they are asking questions in accordance with the standards. All applicants apply for any positions online and include the required PREA questions in accordance with the standard. If any of those questions are answered with a “yes,” the system will automatically disqualify the application. MCTC conducts a VCIN check, and if the applicant is selected for employment, the file will be forwarded to the background investigation unit in Richmond. Staff indicated that the background investigator thoroughly vets any prospective employee and asks directly about previous misconduct as required by the standard. The document review on-site and interviews with the PREA Coordinator, Warden and Human Resources Manager confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period. MCTC will consider any instances of sexual harassment in determining whether to hire or promote anyone or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual

	harassment would be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered. There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in Accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All the employees' files contained background checks and pre-employment questionnaires where employees were asked questions regarding past conduct and their answers were verified by a background investigation. The auditor also reviewed files of employees who were promoted in the last 12 months. According to a targeted interview with Human Resources, the same process is followed for promotions, including completion of the application, VCIN and background investigation. The acknowledgement was completed for employees who had participated in the promotional process. Human Resources stated that employees are asked this information annually on the PREA disclosure form. The PAQ indicates there have been 63 staff hired in the past 12 months who have had background investigations. VADOC Operating Procedure requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background record check prior to employment. Staff at the background investigation unit at DOC headquarters complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Verification of the completed background check is sent to the Human Resource staff at MCTC when completed. Staff verified this information in interviews discussing the background process. The auditor reviewed examples of this during the file review. The Human Resource Manager stated that the process is essentially the same for contract employees with respect to background checks and ensuring compliance with the standard. Human Resources stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. This is done by the background investigative unit and this information would be included in the background report. This is lawful and required in the Commonwealth of Virginia. In Accordance with the standard, VADOC Operating Procedure requires background checks be conducted on facility staff and contract staff a minimum of every five years. MCTC does background checks in Accordance with the standard. The background checks are conducted and logged in a central file as required by the Virginia Criminal Information Network. Documentation of background checks was provided by the facility and reviewed by the auditor. This list includes hire date, pre-employment check date, any promotional

	process dates when background checks and in addition, the auditor reviewed randomly selected personnel files that included a required annual disclosure affirmation that they had not engaged in any misconduct defined in the standards. Targeted interviews with facility administrators revealed that an employee engaging in any type of misconduct such as listed in the standard would not be retained. The MCTC asks applicants and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. VADOC Operating Procedure stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor. In Accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the MCTC would terminate employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct. The MCTC uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. The hiring process includes requiring the investigator to make his/her 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. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC OP 801.1 3. Schematic of facility

	4. Interviews with staff 5. Observation of camera placement and footage 6. Interviews with Warden and Investigator Findings: The facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. According to the MCTC PAQ and targeted interviews with the staff, the MCTC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. A targeted interview with the Warden indicates that the camera coverage is sufficient in order to protect inmates from sexual abuse. He indicated they are looking at making upgrades but have no immediate plans to do so. MCTC has added additional security mirrors in the facility. The auditor reviewed the requests for installation of the security mirrors and observed the areas indicated in the request. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 030.4, 720.7, 038.3, 730.2, 030.1 and Virginia Code §53.1-10 3. MOU with Action Alliance 4. Memo from Warden 5. Review of investigative logs Interviews with the following: • PCM • Investigator

• Warden

• Medical personnel

Findings:

VADOC is responsible for both administrative and criminal investigations. The agency follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. A review of the agency's policies and procedures on evidence protocol indicated the agency has included the elements of this standard in its policies and procedures. Interviews with staff indicate that they are aware of their responsibility to protect the crime scene and any evidence if they are the first responder to a report of sexual abuse.

MCTC trained investigators conduct administrative investigations. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for investigation. According to policy, facility staff are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene. According to random interviews with staff, there are aware of investigators trained to conduct sexual assault investigations. Most of the staff indicated that they would notify their supervisor and the PCM would respond and an investigator would be notified. Targeted interviews the facility investigators and the SIU investigator revealed that an instance of an allegation referred to the SIU, the facility would conduct a simultaneous investigation and maintain communication. In a targeted interview with a SIU investigator, he stated that any cases involving staff or that are or could be criminal in nature are referred to SIU for investigation.

The MCTC does not hold youthful inmates.

VADOC Operating Procedure stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/ treatment for STIs. These exams would be performed off-site at a local hospital (in accordance with the signed contract with Ballard Health). Examinations will be conducted by qualified SANE/SAFE experts in Accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice.

Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination. The availability of these services was confirmed by the Auditor with the Medical staff, as well as the SIU Investigator. The SANE/SAFE nurse told the auditor during a targeted interview that there was a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam. The auditor interviewed the medical supervisor, and it was confirmed that medical staff at the facility do not conduct forensic medical

	examinations. The MCTC reported on the PAQ and memo there has been no allegation or incidents of sexual abuse requiring a forensic exam be conducted. This was confirmed onsite by staff interviews and reviewing the investigative files along with the memos submitted by the facility Wardens. VADOC Operating Procedure indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request. The MCTC, through VADOC has an MOU with Virginia Sexual and Domestic Violence “Action Alliance” to provide services to the center. They are available to serve as a victim advocate to victims of sexual assault at the MCTC. The MOU was provided to the Auditor for review as part of the PAQ. As stipulated in the MOU, Action Alliance is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. VADOC Operating Procedure stipulates these services are available. The auditor conducted a telephone interview with an advocate at Action Alliance and verified the availability of these services (through the inmate telephone system). The MOU with Action Alliance covers VADOC facilities and provides a statewide toll-free Hotline for reporting sexual abuse or assault, to victims who desire an external method of reporting. In accordance with the Action Alliance confidentiality and release information policies, the calls are confidential. If the victim agrees to the release of information, Action Alliance will immediately forward any report of sexual abuse or assault to the Regional PREA/ADA Analyst and maintain a record of calls from VADOC victims. They provide confidential crisis intervention and emotional support services related to all sexual abuse or assault to the victims. Targeted interviews with the PREA Coordinator, PREA Analyst, and Investigator also confirmed that the MOU was in place. The MOU is a renewal of a previous one and is effective April 18, 2023 for one year with an option to renew. There have been no requests for an advocate during this review period. The VADOC has standardized this process across the state. All suspected criminal PREA allegations are referred to SIU, receiving guidance from them to ensure all allegations are handled appropriately. In addition, the VADOC has a statewide contract and MOU with Action Alliance to ensure that advocacy services are available to all inmate victims of sexual assault. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. Investigations Matrix 4. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months 5. VADOC Website Interviews with the following: • PREA Coordinator • PCM • Investigative Staff • Random Inmates Findings: The VADOC Operating Procedure is written in Accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted. The PREA Compliance Manager, supervisors and Investigators work together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an inmate alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to one of the investigators for further action. The Investigator coordinates with the PCM and to determine the course of action. The Warden and PREA Analyst would also be notified. The SIU conducts all criminal investigations for the MCTC and the VADOC and will be notified by the Investigator if they suspect a crime was committed. During a targeted interview with the agency SIU Investigator, he stated he is a certified law enforcement officer and has the legal authority to arrest and place criminal charges on persons at the institution. If the SIU Investigator determines there may be insufficient evidence to support probable cause for a crime, it is referred to the facility Investigator for an administrative investigation. If a case appears to be prosecutable, the SIU will consult with the Commonwealth's Attorney on prosecutorial efforts. The VADOC Operating Procedure is posted on the website under the PREA section. Targeted interviews with the PREA Analyst, Investigator, PREA Compliance Manager and Warden verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations. According to the interviews, once an allegation is received, it is referred for

	investigation based upon the type and content of the allegation. According to interviews with facility and SIU investigators, in the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and take steps to preserve any evidence and protect the crime scene. The on-duty supervisor would brief the PCM and depending on the situation, initiate a call to the SIU to begin a criminal investigation. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the facility initiates an administrative investigation. The incident is investigated, and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigator will consult with the SIU as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation by the facility investigator. Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify their supervisor and the PCM of all allegations. The VADOC Regional PREA Analyst and PREA Coordinator maintain oversight of facility investigations. The MCTC reports there have been 25 allegations of sexual abuse or harassment in the past 12 months. A review of the investigative files indicate that the allegations were promptly and thoroughly investigated. There have been 2 allegations in the past 12 months that warranted referral for criminal investigation. There have been 2 allegations referred to SIU for investigation and review. In Accordance with the standard, MCTC is referring criminal allegations of sexual abuse and to the SIU office who maintains the legal authority to conduct criminal investigations in the facility. VADOC Operating Procedure requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Two incidents were referred but attorneys for the commonwealth declined to prosecute. The auditor reviewed the VADOC website and the agency policy is posted and publicly available. During an interview with the facility investigator, he verified that investigations that revealed criminal behavior would be referred to the SIU Investigator and subsequently to the Commonwealth Attorney for prosecution. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.31	**Employee training**
	Auditor Overall Determination: Exceeds Standard

	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 102.6, 350.2 3. 2022 and 2023 In-Service Training Rosters 4. BCO PREA Training and In-service training (online) 5. PREA Lesson Plans 6. PREA and ADA Newsletters 7. Interviews with Random Staff, PREA Coordinator, PCM Findings: The VADOC Operating Procedure is written in Accordance with the standard and includes all required elements of the standard. Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored for staff who supervise both male and female inmates. Employees who are reassigned from facilities housing the opposite gender are given additional training. The facility provides PREA training annually to each employee, which exceeds the requirement of the standard. Each employee completes this training annually during the required In- Service Training. In addition, each employee signs a verification acknowledging they have received and understand the information. The Auditor reviewed the training curriculum and verified it included each element required by the standard. The Auditor reviewed the training rosters to verify and ensure all employees are receiving the training. The auditor reviewed the training documentation submitted by the facility. Each employee also signs a PREA Acknowledgment indicating their receipt of and understanding of the PREA training. The statewide PREA Coordinator distributes a monthly PREA/ADA Newsletter to all VADOC employees, which exceeds the requirements of the standard. New staff are given PREA training during their orientation, before assuming their duties and sign a verification acknowledging they have received the information. During interviews with the PCM and PREA Analyst, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation. The Auditor reviewed a sample of the following rosters: PREA In-service for 2022 and 2023 and the Basic Correctional Officer (BCO) Training for 2022 and 2023. Based upon an interview with the PCM, all active employees at MCTC have completed

	the required training. The auditor was provided with and reviewed copies of the agency's PREA curriculum, training logs, and training acknowledgement forms. The training curriculum meets all requirements of the standard. Random staff interviews indicate staff have received and understand the training received. The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all the random employees recalled having annual PREA training. Many staff also stated that they receive PREA informational emails from the PREA Coordinator. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly. PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 102.6, 350.2, 027.1, 038.3 3. Contractor/Volunteer Training Form 4. Contractor/Volunteer Lesson Plans 5. Guide to Maintaining Boundaries (pamphlet) 6. Contractor training with log 7. Volunteer training with log 8. Review of Training Files 9. Volunteer orientation Interviews with the following:

	• PCM • Contract Staff (Chaplain) Findings: The VADOC Policy is written in Accordance with the standard which requires that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies regarding sexual abuse and sexual harassment prevention, detection, and response. MCTC ensures that all staff receive training in accordance with the standards. The initial training is required to be completed in person and prior to contact with any inmates. The facility provides PREA training annually to each contractor. The VADOC directs that the level and type of training provided to volunteers and contract staff shall be based on the services they provide and the level of contact they have with inmates. Contractor/volunteer job functions with require inmate contact receive the full training on responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of inmates. This training is the same that is provided for all security staff. The contractor/ volunteer is required to sign an acknowledgement certifying their understanding of the training material. Volunteers and contractors with infrequent or no contact with inmates are required to participate in a one-time training which includes PREA. In accordance with VADOC policy, contract staff and volunteers complete the same training as the MCTC staff and sign a PREA Acknowledgment indicating their receipt of and understanding of the PREA training. According to the PCM and the Chaplain, contractors and volunteers with frequent inmate contact receive annual training on PREA. The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed training rosters, as well as training acknowledgement forms to verify contracted employees and volunteers are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors and volunteers who were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with Human Resource staff, they verified that training acknowledgements were retained in the files. The Auditor conducted a formal interview with contract chaplain. During the interview, he told the auditor that he recalled having the PREA training and knew of the MCTC’s zero- tolerance policy against sexual abuse and harassment. In addition, he knew what to do if an inmate reported and incident of sexual abuse or harassment. When asked what would be the consequence if he violated the PREA policy, he stated he would be terminated and removed from the facility and

	prosecuted. The MCTC is providing training in Accordance with the standard. The documentation is maintained accordingly. There were no volunteers available during the on-site review of MCTC. The auditor reviewed the training curriculum for volunteers and determined that it meets the requirements of the standard. All volunteer files reviewed contained confirmation of PREA training and included the Volunteer Confidentiality and Policy Agreement Training Certification verifying receipt and understanding of PREA training. According to the PCM and PREA analyst the orientation process for volunteers included a video and PowerPoint and each volunteer signs an acknowledgement, in accordance with policy. The facility reports on the PAQ that there are 54 volunteers and contractors, who may have contact with inmates, who have been trained in agency's PREA policy. Volunteers and contractors all receive PREA training. All contractors and volunteers who have contact with inmates are required to be instructed on the agency’s zero-tolerance policy, receive the brochure regarding preventing inappropriate relationships, view a training powerpoint presentation, and sign a training acknowledgement form. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.33	**Inmate education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 810.1 3. Review of inmate training materials 4. Review of inmate training documentation 5. Inmate Handbook 6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening

	7. Inmate Brochure and acknowledgement 8. Logs of Completion of inmates provided Comprehensive Education Interviews with the following: • PCM • Random Inmates • Intake Staff Observations of the Following: • PREA informational Posters throughout the facility in inmate housing and common areas • Inmate Intake Process (simulated by staff) Findings: The VADOC Operating Procedure is written in Accordance with the standard. In Accordance with policy, inmates receive information regarding the facility and agency's zero tolerance policy. This information in the form of a brochure, along with the inmate handbook and informal posters, provides inmates with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment. The MCTC PAQ reported that during the audit period, 207 inmates were committed to the facility and given PREA information at the time of intake, in accordance with the standard. Targeted interviews with multiple staff indicated that this information is communicated to the inmates verbally and in writing upon arrival at the facility. Upon admission Inmates will receive a PREA informational pamphlet that describes their right to be free from sexual abuse and sexual harassment, and ways to report instances of sexual abuse or harassment. This also includes information about third party reporting options and outside confidential support services. This includes a phone number and address. Intake staff and the PCM understand that the unique population of inmates admitted to MCTC might require multiple attempts to make sure information is understood and on the inmate acknowledgement form, there is a place to documents multiple attempts to complete comprehensive training. Inmates who are provided intake orientation and comprehensive training sign an acknowledgement of receipt that is maintained in their file. The brochure contains information about the zero-tolerance policy and reporting information. 207 inmates were at the facility for 30 days or more and given the comprehensive PREA education. The auditor observed PREA signage in all facility locations, and notification of the agency's zero tolerance policy as well as availability of outside confidential support

	services and third party reporting. In most of the housing units there were also CCTV monitors with PREA Program information and reporting information. Staff told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explain to the newly committed inmates that they could report any instances of abuse or harassment to staff and use the inmate telephone system to report abuse to the listed hotline. The PREA brochure information is explained to the inmates upon arrival at the facility and they are also required to watch a video and sign an acknowledgement. Interviews with intake staff verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service. The auditor verified the availability of the translation service contract as well as contracts for teleconference services for deaf inmates. For inmates that are visually impaired, a staff member would read the information to the inmate and they would be provided braille information, if they can read braille. The video also has printed subtitles for the hearing impaired and LEP inmates who speak Spanish. Staff would assist any other disabled or impaired inmates that needed assistance, such as intellectually disabled or developmentally disabled inmates. Information in multiple formats was available throughout the facility. Targeted interviews with staff indicated that the facility will make needed accommodations for identified inmates with disabilities. The Auditor observed PREA informational posters in all inmate housing areas, intake, and public areas. The auditor conducted informal and formal interviews with inmates with disabilities. Some of the inmates did not remember the admission process, but those inmate who were higher functioning all knew how to report. The comprehensive education is accomplished through the use of the PREA education video and a scripted training curriculum. The video is shown during the inmate's comprehensive orientation. Staff are available to answer any questions the inmates may have. This is documented on the inmate orientation, as well as the comprehensive PREA Education Acknowledgement Form, both of which are kept in the inmate's record and recorded in the CORIS to verify receipt of the training. Random inmate interviews indicated that most remembered the initial training, but several did not even remember being admitted to the facility. The auditor reviewed a sampling of 20 random inmate files. Of the 20 files reviewed, documentation showed that all of them had received the comprehensive education well within the 30-day timeframe, most of them occurring upon admission. The file contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and inmates verified that inmates are receiving the initial and comprehensive training as required. All current inmates have received PREA training. As required by the standard, policy provides for education in formats accessible to all

	inmates. There are Spanish versions of all materials. For inmates that are visually impaired, a staff member would read the information to the inmate, and the information is also available in Braille. In addition, the Purple machine is available for sign language teleconferencing for the hard of hearing inmates, if they know American sign language. As indicated in the policy, all other special needs would be handled in coordination with the PCM or Unit Manager on a case-by-case basis. Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all inmate housing areas, intake, and medical. The inmate handbook is available and provided to all inmates in a variety of formats. After a review, the Auditor determined that the facility exceeds the requirements of the standard. Corrective Action: None

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 030.4, 350.2 3. Review of training PowerPoint Basic Training for Institutional Investigators 4. Review of Training Documentation from the NIC 5. Review of Training Certificates for Investigators 6. Investigations Matrix 7. Review of investigative files 8. Interviews with PCM & Investigative Staff Findings: Agency policy is written in Accordance with the standard. VADOC conducts both administrative and criminal investigations and requires all investigators receive specialized training. MCTC has three staff members who has received the specialized training and all SIU staff have been trained to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed the investigations matrix, which dictates whether the allegation will be handled by agency investigators or SIU. The SIU Agents conduct all criminal investigations, in addition to all administrative investigations where criminal charges could possibly be determined. SIU Investigators are sworn law

	enforcement officers for the VADOC and has law enforcement authority. The institution Investigators and the SIU assigned for MCTC have completed the National Institution of Corrections Training “Conducting Sexual Abuse Investigations in a Confinement Setting,” which certifies them to conduct investigations for alleged sexual abuse and harassment. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. The Auditor verified the training for the investigators. The Auditor interviewed the SIU agent assigned to MCTC, as well as one of the institutional investigators. They were all able to articulate the aspects of the training received and appeared knowledgeable in the training, as well as conducting sexual assault investigations. The facility investigators stated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, the allegation would be forwarded to the SIU, who will consult with the Attorney for the Commonwealth regarding any potential charges. The Auditor reviewed the training records for the facility investigators and verified that they had received the specialized training. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 701.1, 102.6 3. Review of Training Materials 4. Review of Training Documentation 5. Interviews with PCM, PREA Analyst and Medical and Mental Health Staff Findings:

	VADOC Operating Procedure requires that all staff members receive PREA training in Accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment. All the medical and mental health staff received the specialized training in accordance with the standards. The auditor was provided with the list of all medical personnel and their training dates and certificates. Medical staff complete the course "Medical Health Care for Sexual Assault Victims in a Confinement Setting" through the NIC. Mental health staff complete the course Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" through NIC. During targeted interviews with the HSA and other medical and mental health staff, they stated they received PREA training upon orientation. In addition to the annual PREA training required by the VADOC, all medical and mental health staff complete additional training related to healthcare and PREA. Per the PAQ, there are 47 medical and mental health care practitioners who work regularly at this facility who received the training required by VADOC Operating Procedure. A targeted interview with the PCM and PREA Analyst verified that every employee is required to participate in PREA training in Accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training that covers all aspects of the standard. The auditor verified this training had been completed. The staff of the MCTC does not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the the local hospital. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 810.1, 810.2, 861.1, 730.2

3. Review of Risk Assessments

4. 30 Day Reassessment Logs

5. Sampling of 20 Random Inmate Files

Interviews with the following:

• PREA Coordinator

• Random Inmates

• PCM

• Case Managers

Observations of the Following:

• Inmate Intake Process (simulated)

Findings:

According to VADOC Operating Procedure, all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in Accordance with the standard and includes all the required elements. During the site review, the auditor asked the intake staff and sallyport sergeant to simulate an admission. Upon arrival at the facility, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with various staff verified that upon admission, all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. However, they did stipulate that this risk assessment and comprehensive training depends on the condition of the inmate. As stated previously, this facility receives a large population of seriously mentally ill inmates that don't have the ability to understand the orientation materials. However, because of the mission of the facility, any inmate that arrives receives a high level of support and supervision as their condition is approved and stabilized. According to the PCM, medical and mental health staff and the Warden, each inmate receives the screening and if they can't or refuse to participate upon admission, attempts are repeated and those attempts are documented. This is typically done by the counselor. The assessment is conducted using the electronic VaCORIS software system during the inmates' initial arrival at MCTC. During interviews with random inmates, most all remember being asked some PREA related questions during their admission, or their reassessment as not all remember even being admitted to the facility.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place upon arrival at MCTC. The facility uses an objective screening instrument that is standardized for VADOC. The intake screening considers, 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The VADOC does not hold inmates solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to MCTC, in assessing inmates for risk of being sexually abusive. According to the PAQ and VADOC Operating Procedure, the PREA screening instrument includes the required elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all the required elements in Accordance with the standard. According to the PAQ, 207 inmates entering the facility (through transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. An inmate's risk level is 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. The PCM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with additional staff also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault. Inmates are asked their sexual orientation, in addition to the reviewing staff's perception. Within 30 days from the inmate's arrival at MCTC, staff reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by MCTC since the intake screening. This is done on a PREA Reassessment form and by policy is completed between 14 and 21 days after the inmate's arrival at the facility. Staff meet with the inmate and document the reassessment in the facility notes section in VACORIS. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. According to the PAQ, 207 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. MCTC has implemented appropriate controls on the dissemination within MCTC 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. Access in the VACORIS is limited. Only authorized supervisory staff and those who perform housing, bed, work, education, and programming assignments can access the PREA Assessment.

	Correctional Officers can see an alert on the screen that identifies an inmate classified as HRSV (High Risk for Sexual Victimization) or HRSA (High Risk for Sexual Abusiveness) to prevent them making housing or work assignments that places the inmate at risk of victimization or abusiveness. The Auditor interviewed staff who participate in completing the screenings. The staff indicated that the risk screening is completed upon admission and followed by the comprehensive training as part of an overall orientation. The screenings are documented in the electronic records system (VACORIS). There is limited access to the PREA risk assessment by passwords associated with the user's profile. This screening is used for housing and program decisions and referrals. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form. Targeted interviews with staff, as well as the PREA Coordinator and PCM verified that risk assessments are performed within 72 hours of intake, but generally upon admission. They verified that questions are asked and the answers are recorded by the staff on the risk assessment form in VACORIS. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented. The auditor reviewed 20 random inmate files and looked at their intake records and risk screenings in order to compare the admission date and the date of admission screening. Most of the randomly selected files had received risk screenings within 72 hours of intake. The PCM, Counselors and PREA Analyst confirmed that 30-day reassessments are being completed on inmates, including a face-to-face meeting with the inmates. The auditor reviewed inmate files of initial PREA risk assessments. The auditor also reviewed the 20 random inmate files to determine if 30-day re-assessments had been completed. All of the randomly selected files had received a reassessment within the required timeframe. VADOC Operating Procedure stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the PCM, there have been no instances of inmates being disciplined for refusing to answer screening questions. The Auditor randomly reviewed inmate files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective action: None

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 841.2, 810.1, 810.2, 425.4, 830.5, 730.2 3. Review of Screenings 4. Alert Log Interviews with the following: • PCM • Classification staff • Inmates identified as Transgender, Gay Observation of the following: • Site review of inmate housing units Findings: The VADOC Operating Procedure requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. The counselor completes a risk assessment and orientation upon the inmate's admission to the facility. The counselor ensures information is entered in the VACORIS system so inmates identified as HRSV or HSRA are flagged and are not housed and are not placed in a work, program, or education assignment together. The Institutional Program Manager (IPM) and staff consider an inmate's own perceptions of their safety when making classification decisions. The screening tool includes sections for the counselor to document his/her own perceptions of the inmate. Program staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Classification records indicate program staff make individualized considerations to ensure each inmate is housed safely in the facility. Targeted interviews with program staff as well as the PCM and PREA Analyst verify these practices. An inmate that is determined to be at high risk for victimization will not be placed in the same cell or general area as an inmate that has been determined to be high risk for abusiveness. A VACORIS alert will be generated and a report is generated that lists all inmates identified as HRSV and HRSA. The facility administrators are responsible for approving inmate work assignments. It

	is the responsibility of the staff to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together. All program and education areas are staffed when in operation. All areas/ rooms in the kitchen are monitored by camera. Work supervisors would be notified of any potential conflicts. VADOC Operating Procedure requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the auditor reviewed all inmate housing units. At the time of the onsite review, MCTC had 2 inmates identified as transgender. During the targeted interviews, one transgender inmate was interviewed. The inmate indicated that she was able to shower separately because the facility had individual showers for inmates. The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Interviews with the PCM and PREA Analyst indicate that placement of any transgender or intersex inmates is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration. The Institutional Program Manager (IPM) meets with each transgender inmate twice a year to ensure there are no issues and assess the inmate's perception of their safety. This is documented in VACORIS. The auditor was able to review documentation of twice a year reviews by the IPM as well as a memo from the Warden authorizing and requiring these twice a year reviews. In addition, these inmates are monitored at the agency level and discussed and reassessed at meetings which include facility and agency level staff. This practice was verified by a review of a written memo from the PREA Coordinator and targeted interview with the PC. LGBTI inmates are not placed in dedicated housing areas. Interviews with the PCM and random staff confirm this practice does not occur. The auditor conducted informal discussions with inmates during the site review and no inmate mentioned being housed according to their sexual preference or identity. The auditor conducted targeted interviews with both gay and transgender inmates and they said that no such practice existed. Targeted interviews with LGBTI inmates verified that the MCTC does not place inmates in dedicated housing units. A review of the roster indicated that identified LGBTI inmates are housed in different units throughout the facility. MCTC was not under a consent decree, legal settlement, or legal judgment for the purpose of

	protecting lesbian, gay, bisexual, transgender or intersex inmates. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 830.5, 810.1, 810.2, 425.14 3. Sexual Abuse/Sexual Harassment Available Alternatives Assessment Form 4. Memo from Warden Interviews with the following: • PCM • Supervisors and Staff Responsible for Supervising Inmates in Restorative Housing Findings: In Accordance with agency policy, MCTC does not place inmates who are at high risk for sexual victimization in restorative housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. according to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff who supervise inmates in restorative housing, they are not aware of a case where an inmate was placed in restorative housing as a result of being a high risk for sexual victimization. The counselors and PCM are aware of the VADOC Policy and their responsibilities regarding this standard. Staff would conduct an immediate assessment and review available housing alternatives prior to placing inmates in Special Management Housing. This is documented using the agency's Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. Once complete, the form must be emailed to the Regional PREA/ADA Analyst. The form indicates staff must assess all available alternatives and make a determination that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual

	victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing. Staff indicate that an inmate identified as high risk would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or unless the inmate requested it. A targeted interview with the PCM also verified that no inmates during the audit period have been placed in restorative housing involuntarily in order to separate them from potential abusers. The PCM indicated that there was sufficient space and housing units to find a suitable place for an otherwise orderly inmate. The agency policy states that if inmates were placed in restorative housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement. During the on-site portion of the audit, the auditor reviewed all housing areas and had informal discussions with both inmates and staff. As verified by targeted interviews with staff, the auditor did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes for being a high-risk inmate having made an allegation. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 803.3, 801.6, 866.1 3. Zero Tolerance Brochure 4. Inmate Handbook 5. Inmate Orientation

6. Site Review

7. Action Alliance MOU

8. VADOC Website

9. 3rd Party Reporting Phone Line

Interviews with the following:

• PREA Coordinator

• PCM and PREA Analyst

• Warden

• Random Staff

• Random Inmates

Observation of the following:

• Observation of informal interactions between staff and inmates

• Observation of inmates using the telephone system

• Testing of the inmate telephone reporting system

• Observation of Information Posters inside the housing units, adjacent to telephone

Findings:

The VADOC Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. The auditor reviewed the inmate handbook as well as the informational brochure provided upon admission and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. There are multiple internal ways for inmates to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports within or external to DOC, and third-party reports. This information is received by inmates at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all inmate housing areas, intake and various other locations throughout the facility as well as next to the telephones. Further, most of the housing units at MCTC have CCTV monitors that

contain reporting information as well. Operational practice at MCTC is consistent with the VADOC Policy. Informational posters are prevalent and prominent in all areas of the facility.

Inmates can also use the Inmate Grievance Procedure to report an allegation of sexual abuse or harassment. Inmates are not required to submit the grievance to the staff member who is the subject of their sexual abuse or sexual harassment allegation (if it is a staff member). Grievances regarding sexual abuse or sexual

harassment will not be referred to the staff member who is the subject of the grievance and an inmate will not be disciplined for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that it was filed in bad faith. According to the PCM and the submitted PAQ there have been no instances where a grievance was filed for a PREA related issue and no inmate had been disciplined for filing a grievance related to PREA.
During random staff interviews, staff stated that inmates could make a PREA report to any staff member, write a note, have a friend or family member report for them, or call the hotline. During the site review, the auditor observed reporting options adjacent to all inmate telephones. Random inmate interviews revealed that they feel that that the staff at MCTC would take any report seriously and act immediately, regardless of the source of the information. Most inmate interviews also revealed that the inmates are aware of the reporting methods available to them. However, because of some of the inmate's serious mental illnesses, some inmates just didn't understand about PREA or reporting. But, based upon the auditor's observations during the site review, the inmates are very closely monitored, and the inmates would most likely report anything unusual to the staff.

The VADOC does not hold inmates solely for civil immigration purposes.

Random staff interviews revealed that they have been trained on their responsibilities with regard to reporting and would accept and act on any information received immediately. All staff that were interviewed acknowledged their duty to report any PREA related complaints. Information on how external persons, such as families, can report on behalf of an inmate is listed on the agency website. During random staff interviews, the staff indicated they would accept and act on third-party reports, including from another inmate. Random staff also reported that verbal reports are required to be promptly documented on an Internal Incident Report.

VADOC Policy requires that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Inmates can report outside the MCTC, by phone, using the established hotline. This information is in the inmate handbook, posted by the phones and on the pamphlet the inmates receive at intake. During the site review, the auditor observed PREA informational posters and information adjacent to the inmate telephones with the Hotline information where reports can be taken and referred for investigation. In addition, most of the housing

	units have a CCTV monitor that broadcasts this information as well. This reporting option prompts the inmate to either leave a message or they have the option to speak with an advocate from Action Alliance. Not all inmates interviewed were aware of this as a potential reporting method; however, this information is posted and provided in all areas of the facility. Most all inmates that were formally or informally interviewed all know the #55 option on the inmate phone. The auditor reviewed the PAQ and for the previous 12 months there were zero allegations received via third party reporting. The Auditor verified the availability of the hotline by making a test call to the external hotline. The report was immediately received for the external call and logged. The auditor received documentation of this report the same day from the PREA Analyst. The PREA Analyst sent the electronic notification to the auditor. During a targeted interview with a victim advocate from Action Alliance, she verified the availability hotline and their ability to take reports. She stated all the advocates are PREA trained. Policy and the inmate handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately. Some of the random inmate interviews indicated that the inmates did not understand how the hotline works. The inmates were provided all of the information. A targeted interview with multiple staff verified that there are numerous ways to make PREA complaints by both staff and inmates, including the use of the inmate phone system, anonymous letters, as well as third party reporting by family and friends. Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the staff indicated that if an inmate reported an allegation of sexual abuse or harassment, they would notify their supervisor of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates stated that they knew that they could report to any staff member, and most inmates indicated that this would be their preferred method of reporting.

	Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Warden directly. Staff can also report sexual abuse or harassment through the established hotline. Staff members are informed of this provision during PREA training. Random staff interviews revealed that they are aware they can go directly to facility administration, including the PCM, to report sexual abuse and harassment of inmates. All staff that were randomly interviewed answered that they would report any such incident to their supervisor. Staff interviews revealed they are also aware of the availability of the hotline for their use. The PREA Coordinator's office distributes a monthly staff newsletter informing them of PREA/ ADA related information. After a review, the Auditor determined that the facility meets the requirements of the standard. Corrective Action: None

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Policy 866.1, 038.3 3. Inmate Handbook 3. Staff Interviews Findings: Agency policy is written in Accordance with the standard. Policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. There are provisions in the policy to allow for third-parties, including fellow inmates to assist inmates in filing grievances related to sexual abuse and assault. This procedure also discusses how to file emergency grievances related to sexual abuse. If an inmate files an emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required.

	The grievance procedures are outlined in the inmate handbook, with a section specific to the grievance procedure for sexual abuse and harassment. Random inmate interviews indicated that most are aware of the grievance process and that they can utilize the process to report a PREA allegation. None of the inmates interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse. A targeted interview with the facility investigator revealed that all allegations, including ones submitted through the grievance process, are immediately referred for investigation. Per the PAQ, the facility had zero grievances filed that alleged sexual abuse during the previous 12 months. A review of the investigative files indicated that an investigation was initiated immediately after the filing of an emergency grievance and the reports were handled in compliance with agency policy. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3 3. Inmate Handbook and Website 4. Hotline Information 5. PREA Orientation Pamphlet 6. MOU with Action Alliance Interviews with the following: a. PCM b. Random Inmates c. Random and Targeted Staff

d. Mental Health and Medical Staff

Observations of the Following:

a. PREA informational Posters throughout the facility and public areas
b. CCTV Informational Videos

Findings:

VADOC Operating Procedure is written in accordance with the standard. The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The MCTC informs inmates of the extent to which these will be monitored prior to giving them access. There have been no requests for confidential support services during this audit period. Random staff interviews indicate they are aware of their obligations under this standard.

The auditor reviewed the Inmate handbook and the orientation pamphlet, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed information that notifies inmates of the availability of a third-party reporting hotline (#55), in both Spanish and English. The inmates are informed that, “Calls to the outside advocate are confidential and DOC does not have access to the recording.” Services through Action Alliance can be accessed through the free hotline, or by writing a letter.

Inmates can report through the hotline using Option #1 or speak with an advocate for supportive services using Option #2.
Policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The auditor conducted targeted interviews with medical and mental health staff and they confirmed that they provide inmates with information about their limits of confidentiality before providing services.

Inmates are informed of the services available at intake. MCTC provides all inmates information regarding victim advocacy services upon intake (same day) as part of their orientation. The information is provided in written form and provided to the inmate verbally. Inmate interviews indicated that some of the inmates are aware of the services that are available to them. Most inmates interviewed indicated they knew they could ask to speak to mental health for counseling services if they needed to.

The information is listed in the brochure that is provided to the inmates, as well as the inmate handbook. An interview with the PREA Analyst and PCM revealed that outgoing mail is not opened or searched (without documented cause) and there are no restrictions on inmates sending mail to external reporting entities, outside

	emotional support services, and/or legal mail. The MCTC has an MOU with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) which stipulates they agree to provide a Hotline with contact information, Social Services and Victim advocates, which also includes participation in forensic exams, investigations and may also include follow-up visits or communications. The Auditor was provided a copy of the MOU and verified the agreement for services. The auditor verified the availability of services with Action Alliance staff, as well as facility psychology staff. The Auditor also placed a test call to the hotline from the facility to verify this was a viable method for the inmates to utilize.There have been no inmates detained solely for civil or immigration purposes. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3 3. Inmate Handbook 4. VADOC Website 5. Third party reporting form 6. Visitation posters 7. Random Staff Interviews 8. Random Inmate Interviews Findings: The VADOC Operating Procedure is written in Accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The MCTC publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the VADOC website. The Auditor reviewed the website. The

	website has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate. The third-party reporting form is in Spanish and English. In addition, there is an email established for taking third- party reports. The auditor also observed posters in the visitation areas listing a phone number to call for third-party reporting. MCTC's Inmate Handbook, which is provided during the intake process includes a section with PREA information that informs inmates that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline and anyone on their behalf at the facility can report. They are also provided the agency's Zero Tolerance pamphlet upon arrival. The brochure informs inmates they may ask a family member or friend to report an allegation for them. Random staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend, or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly. Inmates are provided this information at intake and some inmate interviews indicate that they are aware that family or friends or other inmates can call or write and report an incident of sexual abuse on their behalf. It is worth noting that a large number of the inmates that were informally interviewed said that did not have external support, but they would report any incidents to the staff. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.1, 038.3, 3.22, 730.2, 801.6 3. Review of investigative files

	Interviews with the following: • Investigators • PCM • Random Staff • Medical and Mental Health Staff Findings: VADOC Operating Procedure is written in Accordance with the standard and requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded that they were required to report any such instances. The auditor also informally asked the same question of educational and food service staff and a facility contractor, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they understand their responsibilities about reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report. Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential, and they would only discuss details with supervisors and investigators. A targeted interview with the PREA Analyst, Investigators and PCM verified that all investigative files are maintained with limited access. The auditor was able to observe the location of investigative files during the site review and there were stored in locked cabinets. Policy requires that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities 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. Mental health staff stated that inmates are informed about limits of confidentiality and informed consent and acknowledge this at the initiation of mental health services. The VADOC policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the facility designated investigator who will notify the PREA/ADA Analyst of the allegation. All allegations of sexual abuse and harassment at MCTC are reported to the on-duty supervisor, who initiates an investigation. The reporting officer and supervisor create a report, and this report is forwarded to the investigator for review and further action. In addition, the PCM is notified through the chain of command. The Auditor conducted a formal interview with a facility investigators, who indicated that all allegations are immediately reported and investigated. There were 25 allegations of sexual harassment or abuse for the previous 12 months. The Auditor reviewed the investigative files for all allegations and determined that they were promptly reported and investigated as required by the standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: Evidence Reviewed: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 830.6, 730.2 Interviews with the following: • PCM and PREA Analyst • Warden • Random Staff • Random Inmates

	Findings: VADOC Operating Procedure is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. Random interviews with staff, both security and non-security, indicate they are clear about their duty to act immediately if an inmate is at risk of imminent sexual abuse or any harm. Random staff said that they would act immediately to protect the inmate. Staff indicated they would immediately separate the victim from the alleged perpetrator, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an initial investigation was completed by the supervisor. Targeted interviews with the Warden and the PCM confirmed that it is the policy of MCTC to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk. MCTC reports in the PAQ that there has been one determination made that an inmate was at substantial risk of imminent sexual abuse; however, this was outside the 12 month audit period. The Auditor reviewed the reports and the staff acted in accordance with the policy. The PCM confirmed that MCTC did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. The staff member that the inmate reported the allegation to would remain with the inmate and ensure their safety until security staff responded. The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. MCTC Completed PAQ

2. VADOC Operating Procedure 038.3, 030.4

3. Administrative Notification

Interviews with the following:

• PCM

• Warden

Findings:

The VADOC's policy is written in Accordance with the standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification within 72 hours. During this review period, the facility reported receiving two notifications from inmates alleging sexual abuse while incarcerated at another facility that needed to be reported. According to targeted interviews with the Warden and PCM, if they receive such a notice, they would immediately report the allegation to the Warden or Administrator of the other facility and document such a notice. They confirmed their understanding of their affirmative requirement to report allegations in Accordance with the standard. The auditor reviewed two examples of Warden-to-Warden notification regarding reported instances of sexual abuse and found that they were handled in Accordance with VADOC Operating Procedure.

MCTC requires that if the Warden or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at the MCTC, it would be investigated in accordance with the standard. The MCTC reported there have been no reports from another facility that an inmate claimed he/she was sexually abused while housed at MCTC within this audit cycle. In the event such allegation is received, the Warden shall notify the facility investigator, who will ensure that an investigation is initiated and notify the Regional PREA Analyst. Interviews with the Warden and PCM confirm the staff are aware of their obligation to fully investigate allegations received from other facilities. The Warden stated that upon receiving an allegation that an inmate was assaulted at another facility, he would most likely call the Warden at the facility where the alleged assault occurred, followed by an email to Warden to complete and document the notification process. The Warden stated that if he receives notification from another facility that a former MCTC inmate has alleged sexual abuse while incarcerated at MCTC, he would ensure the facility investigator is notified, and an investigation would immediately be initiated.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. PREA Checklist 4. Review of investigative files 5. Interviews with Random Staff, PCM, Investigator Findings: The VADOC Operating Procedure is written in Accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser to ensure the victim's safety; Notify the Shift Commander and preserve and protect any evidence; If the abuse allegedly occurred within a time period that would allow the collection of evidence, request the victim not take any actions that would destroy any evidence; and take action to prevent the alleged abuser from destroying evidence. The requirements of the first security staff member to respond to the report of sexual abuse are outlined in the MCTC Sexual Assault Response Checklist. There have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence. According to the PAQ, there were 5 allegations of sexual abuse during this audit period; however, there were 3 of the five that occurred before this audit period. The auditor reviewed the investigative reports for all 5 allegations. In all cases, the alleged victim was immediately separated from the alleged perpetrator. A review of investigative reports indicated that all appropriate steps were taken and investigation was initiated. During the on-site portion of the audit the Auditor interviewed 1 inmate who reported sexual abuse or harassment. The inmate indicated that after reporting an allegation, appropriate steps were taken in compliance with the standard. The Auditor conducted formal and informal interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would notify their supervisor after separating the inmate. Random staff also reported that they would take steps to protect any evidence or the crime scene. The auditor interviewed an educational employee and she indicated that she would report the

	incident immediately and tell the inmate victim not to shower or change clothes or brush their teeth. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene. A targeted interview with the Investigator indicated that once the initial steps were complete and the scene was preserved, SIU would be notified, depending on the nature of the investigation. The Auditor conducted interviews with supervisory staff. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment. The PCM would also be informed. Nobody would be allowed into the crime scene except investigative staff. An initial investigation would be initiated in order to determine the seriousness of the complaint and if other resources would be needed. Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site for a forensic exam, if needed. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

	1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3 3. MCTC Sexual Assault Checklist 4. MCTC PREA Response Plan 4. Interview with PCM, Investigator, Medical Staff and Warden Findings: The VADOC policy 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. A Sexual Assault Response Checklist has been created which supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident. The Auditor reviewed the plans for MCTC. The facility has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with random and targeted staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The MCTC has a PREA Response Plan listing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. The MCTC plan was approved and signed by the Warden, Assistant Warden and PCM on January 31, 2023. There have been no instances of reported sexual abuse during this review period that required the first responder to preserve or collect physical evidence. The auditor interviewed the Warden, 1 designated facility investigator, medical staff, as well as the PCM and the PREA Analyst, who all described the facility’s coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided medical treatment and, as needed, a forensic exam as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation. After a review, the Auditor determined the facility meets the requirements of the

	standard. Corrective Action: None

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. Memo Interviews with the following: • PREA Coordinator Findings: The VADOC has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Code of Virginia prohibits entering into a collective bargaining agreement. The Virginia Department of Corrections does not have any collective bargaining power therefore this standard is non-applicable. Per memo and interview with the PREA Coordinator, the auditor verified that there is not a collective bargaining agreement in place. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

	1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 135.2 Interviews with the following: • PCM • Warden Findings: The VADOC policy is written in accordance with the standard and states retaliation by or against any party, staff or inmate, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated. Policy requires staff and inmates who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy and memo from the facility indicates that the PCM (Operations Manager) is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Monitoring will also include periodic status checks. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded. The Auditor conducted a targeted interview with the staff member responsible for monitoring retaliation. When monitoring retaliation, she reviews disciplinary charges and Incident Reports and any other actions related to the inmate, including documents maintained in the inmate's file and his electronic record. She stated that anytime anything changes she will look at those actions. She also indicated she will make referrals to medical and mental health as needed. The monitoring will also include periodic status checks and notations made on the Retaliation Monitoring Form. The Retaliation Monitoring Form is completed electronically and has a specific format that complies with the standard. The auditor was provided with examples of the completed monitoring. The PCM stated the monitoring period would be a minimum of 90 days, and longer if necessary. She stated that she will meet with the inmate as necessary. According to targeted interview with the PCM and Warden, in the case of an inmate being retaliated on by staff, the administration would discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The inmate can also be requested to be transferred, if need be, at the request of staff. Administrative staff have the authority to move inmates around the facility or to request transfers to other facilities, or take other protective measures to assure inmates are not retaliated against. Inmates would not be held in restorative housing unless requested by the inmate and approved by administrators. In addition, the Warden has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment.

	The auditor reviewed examples of monitoring for retaliation provided by the facility and found them to be in compliance with the standard. Some of the monitoring occurred before the audit period, but they were reviewed by the auditor. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard. The facility reported there were no incidents of retaliation in the last 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 830.5, 425.4 3. Memo from Warden Interviews with the following: • PCM • Staff who supervise inmates in RH Observation of the following: • Observation of Inmates in restrictive housing Findings: The VADOC’s policy is written in Accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Both formal and informal interviews with staff state they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he had requested it.

	Staff explained that other alternatives are explored and segregation is utilized as a last resort. A Sexual Abuse/Sexual Harassment Available Alternatives Assessment form is completed to ensure all available alternatives are considered. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing. The auditor reviewed the MCTC restrictive housing areas and through informal discussions with staff, no staff indicated that inmates were assigned to restrictive housing as a result of their sexual vulnerability. The agency has had no incidents that have required restrictive protective custody. In addition, during targeted interviews with the PCM and PREA Analyst they both verified that there have been no instances of inmates being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect an inmate who was alleged to have suffered sexual abuse. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 030.4, 038.3 3. Review of Investigative files 4. Interviews with Investigators 5. Documentation of Investigator Training 6. Certificates of Completion for Facility Investigators 7. Training Curricula for Investigative Training specific to Sexual Assault in Confinement

Findings:

The VADOC Operating Procedure is written in Accordance with the standard and states that 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.
Policy requires that the agency conduct both administrative and criminal investigations of sexual abuse and harassment. The policy requires that investigations are responded to promptly. The MCTC conducts an investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Credibility assessments are conducted as part of the investigative process with the institutional investigators and the SIU agents, and the assessments are conducted on all involved parties in the investigation.
If the MCTC Investigator determines that a crime may have been committed, they will forward the case to the SIU investigator, who are sworn law enforcement officers with arrest powers. The SIU investigator will continue the investigation.

After a review of the investigative reports, all allegations are investigated promptly, thoroughly, and objectively. The VADOC has standardized forms and formats for investigations.

If at any time during the investigation, it appears the charges are criminal in nature, the investigation will be referred to the SIU. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the MCTC, plus an additional 5 years in accordance with records retention policy. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment. According to the PAQ, no inmate was released from custody before investigations were completed.

According to targeted interviews with investigative staff, If the SIU conducts an investigation of sexual abuse, the facility investigator serves as a liaison and would keep facility administrators informed of the progress of the investigation. The facility investigator stated that if the SIU investigates an allegation, they typically work together and share information. There have been 2 investigations referred to the SIU for investigation during the review period.

At the time of the on-site audit, MCTC employs and provided training records for 3 facility investigators who have received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of designated investigators. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. Targeted interviews with 1 facility investigator verified they are available to respond immediately, if

	necessary. The Auditor conducted a formal interview with one of the facility's designated PREA Investigators. The Auditor asked the Investigators to describe his process when conducting an investigation. He stated he would interview the victim, inmate witnesses, staff witnesses, and alleged perpetrator if applicable. He would review the scene, and preserve any evidence, if necessary. In Accordance with the standard, they will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. The facility has 208 CCTV cameras. He said that it is common practice to review criminal histories of all inmates involved, disciplinary history, incident reports, and classification actions. The investigator would review prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. He said he would keep the administration advised of the progress of investigation. If at any point during the investigation he determines there could be potential criminal charges involved, the investigation would be reviewed and forwarded to the SIU. The SIU Investigator will contact the Attorney for the Commonwealth for referral of criminal charges. All investigative files are maintained electronically in the VACORIS system with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. In Accordance with VDOC policy, an inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. When the auditor asked the investigators (state and facility), there was no question that they would always take every complaint seriously without regard to their status as an inmate. If an allegation is reported anonymously, the Investigators stated the investigation would be handled the same as any other investigation. Investigators indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation. The MCTC has had 25 incidents that required investigation during the review period. The auditor reviewed investigative reports for all allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. Reports indicate that investigators look at each allegation on its own merits and 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. The investigations appear to be conducted promptly, thoroughly and objectively.

	All information related to PREA investigations is forwarded to the Regional PREA/ADA Analyst for data compiling. Electronic data is securely maintained on Servers accessible to the investigators and the PREA/ADA Analysts. The Auditor reviewed the area where the investigative records are maintained. The files are maintained in the investigator's office. The auditor found that there was secure area for maintaining the files. There have been two allegations referred for criminal investigation during the previous 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 135.2, 038.3 3. Memo from the Warden 4. Review of Investigative files for the past 12 months Interviews with the following: • PCM • Investigative Staff Findings: The VADOC's policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. It was confirmed through memo by the Warden that MCTC imposes no standard higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed. A formal interview with one of the designated Investigators and the SIU officer for MCTC confirmed that the staff responsible for administrative adjudication of

	investigations is aware of the requirements of the evidentiary standard. There have been 25 allegations of sexual abuse or harassment within the last 12 months and the auditor reviewed the investigative files. A review of all investigative files indicates that the investigations are being conducted in accordance with the standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 030.4 3. Review of Sexual Abuse investigative files and notifications to inmate Interviews with the following: • PCM • Investigator Findings: The VADOC Operating Procedure is written in Accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy dictates that the inmate will be notified by the Investigator or the PCM. The auditor conducted targeted interviews with the PCM and Investigators. The agency is responsible for both administrative and criminal investigations. There have been two allegations referred to the SIU during this audit period. Both of the allegations were deemed unsubstantiated. Notification is provided to the inmate through a memo from the Investigator. Per policy, the PCM or Investigator must document notifications and will send the notifications to the inmate in the same manner as legal correspondence. The inmate will be asked to sign and date the memo as verification that they did receive the notification. The Investigator will also sign the memo.

	During the past 12 months, there have been 5 allegations of sexual abuse. Per the PAQ, notification was made to 5 inmates. The auditor reviewed all 5 notifications. The Auditor interviewed an inmate who reported sexual abuse at MCTC during the on-site portion of the audit. The inmate stated that he had received notification of the outcome of the allegation. Outside criminal investigations are conducted by SIU in conjunction with the facility administrative investigations. The SIU communicates with the facility and sends any relevant updates relating to criminal charges/convictions. There were 2 allegations investigated by the SIU during the past 12 months. Both allegations were unsubstantiated. There were no criminal charges for any allegations in the past 12 months. The inmates were notified in Accordance with the standard by the facility investigator. The Auditor reviewed the investigative files for all reported allegations of sexual assault during the review period. The MCTC made notification to the inmates at the conclusion of the investigation as required. Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 135.2, 135.1 3. Interviews with Random Staff Findings: The VADOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual

	abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well has the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories. According to the submitted PAQ, in the past 12 months, there were no staff members who violated agency sexual abuse or sexual harassment policies. Interviews with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. The Auditor interviewed the Warden regarding the facility's staff disciplinary policy. He indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred by SIU for criminal prosecution. According to the Warden, if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. The facility reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 027.1, 135.2 3. Memo from Warden

	4. Interviews with Staff Findings: The VADOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the DOC and MCTC revoked. The disciplinary sanctions for volunteers or contractors are like those of the disciplinary sanctions for staff members. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any inmate within the VADOC system. In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. A targeted interview with 1 contract staff member verified that he would consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff member was aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. The Auditor interviewed facility Warden regarding the disciplinary policy regarding contract staff and volunteers. The Warden said that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to SIU investigators, and the Commonwealth Attorney’s office for possible prosecution, as well as reported to any relevant licensing bodies. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 861.1, 830.3, 820.1

	3. Inmate Handbook 4. Review of Investigative Files 5. Interviews with Staff Findings: The VADOC Operating Procedure directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate 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. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions. MCTC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between inmates, if reported to be consensual, are still investigated and each case is taken at face value. VADOC Operating Procedure states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been no substantiated instances of inmate-on-inmate sexual abuse. Any substantiated reports of inmate-on-inmate abuse would result in a disciplinary charge for the perpetrator. According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories. Agency policy requires that staff consider whether an inmate’s mental health contributed to their behavior before determining their disciplinary sanctions. There is mental health staff on site to provide mental health services to the inmates at MCTC. Mental health staff provides an array of services, including programming, supportive counseling and crisis intervention. Mental health staff are on call for emergent needs. Any decision to offer counseling or therapy to inmates and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the inmate. Psychology staff stated that they would provide services to inmate perpetrators, if requested. Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. Interviews with staff and inmates confirm that MCTC is adhering to the provisions of the standard. Prior to placing disciplinary charges on an inmate for filing an allegation made in bad faith, the facility

	is required to submit the information to the Regional PREA/ADA Analyst for review and approval. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 730.2, 425.4, 701.3 3. PREA Screening and Follow-up (HRSV) 4. Interviews with Staff, including the following: a. PCM b. MH Staff c. Medical Staff 7. Interviews with Inmates Findings: The VADOC’s policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. It is the policy of the VADOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior. A review of inmate files validated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were multiple documented instances provided by the facility where inmates who were identified as

	needing follow up care, were offered the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff and mental health staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, it automatically triggers an alert for a referral and the inmate is offered a follow-up meeting, which is scheduled at that time. The mental health provider indicated that the 14-day follow-ups would include a face-to-face meeting with the inmate. Staff also stated that the follow-up meetings typically occur sooner than 14 days. Per VADOC policy, psychology staff will notify inmates identified as high-risk of sexual victimization (HRSV) and high-risk of sexual abusiveness (HRSA) of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available, relevant treatment and programming. Interviews with medical and mental health staff also confirmed that referrals are generated if a screening indicates that an inmate has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. The auditor reviewed risk screenings and documentation of follow-up referrals for inmates identified as perpetrators of sexual abuse. Of the currently housed inmates at the time of the on-site review, there were 2 inmates identified as having reported previous sexual victimization that were interviewed during the targeted inmate interviews. The inmates recall being offered mental health services. The Auditor conducted a formal interview with mental health staff. The staff member indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days. When asked who this information would be shared with, the staff was clear about confidentiality and that this information would be only be shared with those who needed to know. Mental health staff confirm that services are offered to both inmates at risk of victimization, as well as inmates who have a history of sexually assaultive behavior. HRSA and HRSV codes are documented in the VACORIS electronic system and each staff member with access has an individual login and password. An interview with the PCM confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access and the individual answers to the risk assessment are further restricted. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in Accordance with agency policy. VADOC Policy states that medical and mental health personnel will 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. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. The auditor reviewed examples provided by the facility of completed informed consent forms. After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 720.7, 730.2 3. Sexual Assault Response Checklist 4. Interviews with Staff, including the following: a. PCM b. Investigator c. Medical Staff d. Random Staff 5. Interviews with Inmates Findings: The VADOC Operating Procedure is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The security staff first responders are responsible for immediately notifying the appropriate medical and mental health staff in case of a report of an incident of sexual abuse. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services. Medical staff provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, the mental health staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PCM and medical and mental health staff. Mental health staff will initiate contact with the victim and provide evaluation and treatment as appropriate. The Psychology Staff will complete a Mental Health Services Sexual Assault Assessment and recommend subsequent services as indicated. For services that are outside the scope of their license, the victim can be treated at the local emergency department. Forensic exams are conducted off-site by qualified forensic nurse examiners. An advocate from Action Alliance is available at the request

	of the victim to provide emotional support services, and accompany the inmate to the hospital, if requested. The auditor verified the availability of both services. The Auditor reviewed the MOU with the Virginia Sexual and Domestic Violence Action Alliance, which stipulates the VSDVAA agrees to maintain a Statewide Hotline that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims. They also agree to provide an advocate if requested by the victim, during a forensic examination and investigation. The Auditor conducted a telephone interview with a victim advocate from Action Alliance. The victim advocate verified and explained the crisis intervention services offered to inmate victims of sexual abuse. There were no documented allegations of sexual abuse requiring emergency medical or mental health services during the review period. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities if there is a report of sexual abuse. Medical staff were interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for emergency STI prophylaxis, if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility. There have been no allegations of sexual assault at the MCTC in the last 12 months requiring these services. Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The inmate would be transferred to a local hospital, if necessary, for this service. Interviews with the medical administrator confirms that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been no allegations of sexual assault at the MCTC in the last 12 months requiring these services. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 730.2, 720.7, 720.4 3. Interviews with Staff, including the following: a. Mental Health Staff b. Medical Staff 4. Interviews with Inmates Findings: The VADOC Policy is written in accordance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. Targeted interviews with medical and mental health personnel indicated that they consider their care to exceed the community level of care. Inmate victims of sexual abuse would be offered tests for sexually transmitted infections as medically indicated. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections. MCTC only holds male inmates. According to memos from the wardens and the PAQ and information from the PREA Analyst, here have been no allegations of sexual assault at the MCTC in the last 12 months requiring these services. VADOC Operating Procedure states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In a targeted interview with the mental health staff, she stated that inmates that both high risk victims and high-risk abusers would be offered services. Because of the nature of the inmate population at MCTC, the majority of inmates are closely monitored by mental health services. However, based upon targeted interviews with the PREA Analyst and memos from the Wardens, there have been no incidents in the past 12 months that required additional treatment and monitoring related to PREA allegations. Random interviews with inmates confirm they are generally aware of the availability

	of services should they request or require them. There have been no requests for advocacy services during this review period. The auditor reviewed PREA signs, pamphlets, and CCTV information and verified that inmates are being informed that these services are being offered. After review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3, 038.1 3. Memos from Wardens 4. Interviews with Staff that conduct Incident Reviews Findings: The VADOC policy requires review of all substantiated or unsubstantiated allegations of sexual abuse. Agency policy states that a sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and medical/ mental health personnel. During this review period, according to memos from the wardens, there have been zero total substantiated or unsubstantiated sexual abuse allegations in the previous 12 months at MCTC. In Accordance with the standard, VADOC Operating Procedure states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

	An interview with two members of the incident review team, as well as the Warden confirms if there was an incident that required a review, all these factors would be considered. The staff stated that the review team follows a formatted document, developed by the VADOC in accordance with the standard, to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Warden. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Warden would review the recommendations. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented. Sexual Abuse Incident Reviews are conducted in a standardized method department wide. Team members meet to discuss the various components required by the standard and then this is documented on the PREA Report of Incident Review form. A copy is forwarded to the Regional PREA Analyst and Regional Office for review. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3 3. Annual Report 2021, 2022 4. Memo 5. Interviews with Staff Findings: The VADOC Operating Procedure is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and

	complete an annual report based upon said data. The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar years 2021 and 2022. The data collected includes: Inmate-on-inmate nonconsensual sexual acts; Inmate-on-inmate abusive sexual acts; Inmate-on-inmate sexual harassment; Staff-on-inmate sexual victimization, and Staff sexual misconduct. The annual report is very comprehensive and lists all corrective actions taken. The report is approved by the Director and the PREA/ADA Supervisor prior to publishing on the agency's website. The agency's website includes annual reports published from 2014 through 2022. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested. The agency is collecting and aggregating sexual abuse data on an annual basis as required by the standard for facilities under its direct control and private facilities with which it contracts. The report uses a standardized set of definitions, which are available on the agency website and in the VADOC Operating Procedure. The PCM for each facility is responsible for reporting institutional data to the Regional PREA/ADA Analyst. The VADOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions. The VADOC also obtains incident-based and aggregated data from the facilities with which it contracts for the confinement of its inmates. This is collected and monitored by the PREA Coordinator’s office. After a review, the Auditor determined the facility meets the requirements of the standards. Corrective Action: None

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ with ADP 2. VADOC Operating Procedure 038.3 3. Annual Reports (2014-2022) 4. Website with sexual abuse data

	Findings: The VADOC Operating Procedure is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. The Auditor reviewed the Annual Reports available on the agency website, including data for fiscal years 2021 and 2022. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled “PREA Annual Report” includes an overview of the facility’s plan for addressing sexual abuse and aggregated data. The annual report will include a comparison of the current year’s data and corrective actions with those from prior years and must provide an assessment of the VADOC’s progress in addressing sexual abuse. The annual report indicates the agency’s efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Coordinator confirm these efforts. A review of the agency annual reports found them to be written in accordance with the standard. The agency's annual report includes any corrective actions taken by the VADOC for each facility. Data is listed and compared for each facility, as well as each region. The report is signed by the Director and the PREA/ADA Supervisor and there is no personally identifying information in the report. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. MCTC Completed PAQ 2. VADOC Operating Procedure 038.3 3. Annual Report 4. VADOC Website containing sexual abuse data

	Findings: The VADOC Policy is written in accordance with the requirements of the standard and requires that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Commissioner. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The PCM is responsible for reporting institutional data to the Regional PREA/ADA Analyst. Facility data collected and maintained by the PCM is kept in a secured location. Aggregated sexual abuse data for the agency's annual report is compiled from Investigative files, Incident Reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access the data. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available for FY2014-FY2022. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Previous Audit Report 2. PAQ 3. Site Review Interviews with the following: • PREA Coordinator

	• Warden • PCM • Random and Targeted Inmates Observation of the following: • Observation of, and access to all areas of the MCTC during the site review The MCTC had its last PREA Audit November, 2020. The Auditor reviewed the facility's previous PREA report. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations were implemented immediately. The facility provided the Auditor with a detailed tour of the facility. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner. The auditor was provided extensive documentation prior to the on-site audit, for review to support a determination of compliance with PREA standards. During the pre-audit, onsite review and post audit phases, the auditor reviewed all PREA investigative files, staff/inmate training records, inmate risk screenings, and other pertinent documentation. All staff at MCTC cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded, private interviews with inmates at the MCTC, both informally and formally. The Auditor was given private interview rooms to interview inmates, which were convenient to inmate housing areas. The MCTC staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. The auditor was able to observe both inmates and staff in various settings. Prior to the on-site review, audit notices were sent to the facility to be posted throughout the facility. The Auditor observed notices posted throughout the facility. The Auditor received documentation that the notices to inmates were posted six weeks in advance of the first day of the audit. The auditor received no confidential letters from inmates at MCTC. The facility had an onsite review and audit within the three-year period of the last audit and has completed the onsite review and audit process. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Previous Audit Report 2. VADOC Website Interviews with the following: • PREA Coordinator The Auditor reviewed the VADOC website which contains a link for the November 2020 PREA Audit Report. Each audit report for all VADOC facilities is accessible on the page. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

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

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

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

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

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

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

	screening instrument?	
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate’s detriment by staff or other inmates?	
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	**Use of screening information**	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	**Use of screening information**	
	Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	**Use of screening information**	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	**Use of screening information**	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	**Protective Custody**	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	**Protective Custody**	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

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

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	**Access to emergency medical and mental health services**	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	**Ongoing medical and mental health care for sexual abuse**	

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

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

115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	**Data review for corrective action**	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	

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

(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, there has never been a Final Audit Report issued.)	yes