

PREA Facility Audit Report: Final

Name of Facility: Cold Springs Community Corrections Alternative Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/24/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 05/24/2021

AUDITOR INFORMATION	
Auditor name:	Wolfe Mahfood, Valerie
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	04/07/2021
End Date of On-Site Audit:	04/08/2021

FACILITY INFORMATION	
Facility name:	Cold Springs Community Corrections Alternative Program
Facility physical address:	192 Splitler Circle, Greenville, Virginia - 24440
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jefferey Brown
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Telephone Number:	540-569-3711

Facility Director	
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Facility PREA Compliance Manager	
Name:	Jefferey Brown
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Telephone Number:	O: 540-569-3711

Facility Health Service Administrator On-Site	
Name:	Kerry Kellogg
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Telephone Number:	540-337-1818

Facility Characteristics	
Designed facility capacity:	150
Current population of facility:	38
Average daily population for the past 12 months:	77
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:	21-62
Facility security levels/resident custody levels:	Community Corrections Alternative Program
Number of staff currently employed at the facility who may have contact with residents:	38
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Site Review of the Cold Springs Community Corrections Alternative Program (CCAP), located in Greenville, Virginia, was conducted April 7-8, 2021. This facility is an adult male community corrections program operated under the authority of the Virginia Department of Corrections (VDOC). The Cold Springs Community Corrections Alternative Program was audited through a contractual agreement between the Virginia Department of Corrections and PREA Auditors of America (PAOA).

As such, the Cold Springs Community Corrections Alternative Program PREA audit was initially contracted by the VDOC through the PAOA. As a function of that contractual agreement, approximately 8 weeks prior to the on-site audit, the PAOA assigned one of its contract staff workers to perform the Cold Springs CCAP PREA audit. The responsibility of Auditor was assigned to Valerie Wolfe Mahfood, PhD. No support staff were assigned to this audit. As such, the auditor was responsible for conducting the site review of the entire facility, as well as interviewing both staff and probationers. The auditor was also responsible for all pre-on-site and post on-site audit obligations, reviewing facility documentation relative to the audit, completing the interim audit report if needed, and for ultimately producing the final audit report.

The current audit is a Department of Justice PREA Audit for the Cold Springs Community Corrections Alternative Program, which received its previous PREA audit on May 6, 2018. At that time, the Cold Springs Community Corrections Alternative Program had satisfied all of the 42 possible standards.

To begin the current audit process, the auditor and the VDOC Agency-Wide PREA Coordinator, Tammy Barbetto, began communications approximately six weeks prior to the start of the on-site review. At that time, a schedule of continuing communications, as well as the production of required audit components and/or documents; to include the completion of the Pre-Audit Questionnaire by the Cold Springs CCAP PREA Compliance Manager, Jeffery Brown, was established.

Additionally, the purpose of the PREA process as a practice-based audit, as well as the role of the PREA auditor within those functions, were both discussed. The logistics relative to viewing the unit and to interviewing targeted, as well as random staff, were planned. The goals of the on-site audit and the expectations in facilitating those goals; to include unfettered access to all areas of the facility, staff, and probationers, were discussed. Lastly, along with the possibility of corrective actions being needed, the avenues by which those actions could be addressed were also discussed. The use of a Process Map,

which both parties already possessed, was agreed upon as a means to maintain deadline goals, encourage continued communications, and to ensure that all other necessary components of the audit process were satisfied. Hence, by way of the Process Map, clearly set timelines and expected milestone completion dates for the upcoming audit were established.

Both parties agreed to the use of the PREA Online Audit System (OAS) as a means of facilitating document review. Accordingly, the PREA Pre-Audit Questionnaire was uploaded into the OAS approximately four weeks prior to the on-site review; specifically, on March 5, 2021.

Once the PREA Pre-Audit Questionnaire was received, the auditor immediately began reviewing its contents. In doing so, the auditor looked for both the material it contained, as well as for any omitted information. To assist with this process, the auditor utilized the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and Other Documents, which then helped to generate a chronological issue log sorted by ascending standards. As needed, the auditor submitted written requests to either the VDOC PREA Coordinator or the Cold Springs CCAP Operation Compliance Manager for additional documents and/or clarification of the documents already provided. Agency staff quickly responded to all auditor requests for information by providing comment and/or documentation, usually within one business day of the request.

Along with the PREA Pre-Audit Questionnaire, the auditor was also provided documented proof of the PREA Audit Notice being posted throughout the facility at least six weeks prior to the on-site audit, specifically on February 22, 2021. Photos documenting the proliferation of these PREA Audit Notices were provided via email. In this, the auditor was provided 10 photos of PREA Audit Notices being posted throughout the facility in areas of high probationer traffic, such as Visitation, Probationer Dining Hall, Educational Classrooms, Medical, West Dorm Housing Assignment, and the East Dorm Housing Assignment. These notices, posted in both English and Spanish, contained large, bolded text that provided observers with notice of the audit, assurance and limitations of confidentiality regarding contact with the PREA auditor, as well as all necessary contact information for the PREA Auditor. The electronic file associated with the photos' properties, along with a statement provided by the Cold Springs CCAP PREA Compliance Manager and the VDOC PREA Compliance Coordinator at the time of the audit, both verified that the photos were, in fact, posted on said date.

Prior to the on-site audit, to understand the limits of confidentiality in accordance to the mandatory reporting laws for the State of Virginia, a review of state laws was conducted. While it was still previously illegal for correctional staff to have carnal knowledge of an probationer, parolee, probationer, detainee, or pretrial defendant or posttrial probationer, effective March 1, 2021, Virginia state law clearly codified such actions under section 18.2-64.2 of its state penal codes as a Class 6 felony offense. As such, in the State of Virginia, all correctional staff have a duty to report any knowledge of this felony offense.

Prior to the on-site audit, Just Detention International, along with New Directions Center, were contacted via e-mail. It should be noted that the latter agency is a rape advocacy center specifically serving

incarcerated individuals at Cold Springs CCAP. Both agencies were asked if they had received any correspondence or other communication specific to allegations of sexual abuse and/or sexual harassment occurring at the Cold Springs CCAP. These agencies were also asked if they had received said communication, had persons within their agencies been allowed to communicate with the reporting individuals without undue restrictions. In response, both Just Detention International and New Directions Center stated that neither had not received any information regarding the Cold Springs CCAP within the last 12 months.

The Virginia Department of Corrections publishes its PREA policies and other relevant information on its website:

<https://vadoc.virginia.gov/probationer-resources/prison-rape-elimination-act/>

This site contains information related to the agency's PREA program; including policies specific to the PREA, namely; the Zero Tolerance Policy (OP 038.3); Employee Standards of Conduct (OP 135.1); Probationer Discipline (OP 861.1); Probationer Complaints (OP 866.2); and the VDOC PREA Handout. The site also contains detailed information on how to make a third-party PREA report, appropriate contact information for doing so, and an explanation of the investigation process once a complaint is received.

As a function of the audit, the VDOC online sexual misconduct reporting link was successfully tested. In this, the auditor received confirmation of email receipt within one business day.

Approximately one week prior to the on-site portion of the audit, a systematic review of all links contained on the agency's PREA web site was engaged. At that time, all links were functioning properly.

Prior to the on-site portion of the audit, a general Internet search of both the VDOC and the Cold Springs CCAP was conducted. In this, the auditor searched for any information specific to sexual abuse and sexual harassment occurring within the VDOC, but more precisely, within the Cold Springs CCAP. The auditor conducted a search of the Lexus Nexis database system for litigation or other judicial rulings sustaining allegations of sexual abuse and sexual harassment specific to the Cold Springs CCAP. The auditor searched the Bureau of Justice Statistics database for academic publications regarding sexual abuse and sexual harassment within a confinement setting specific to the VDOC, and more precisely, to the Cold Springs CCAP. The auditor searched professional publications, such as Corrections One, for information regarding sexual abuse and sexual harassment specific to the VDOC, and more precisely, to the Cold Springs CCAP. The auditor conducted a general search for information specific to the Cold Springs CCAP in both the Richmond News, as well as the News Break and the News Leader, both local newspapers in the Greenville area. Additionally, the auditor reviewed the most recent PREA audit report for the Cold Springs CCAP, the VDOC 2014 Survey on Sexual Victimization, and the VDOC's 2019

Annual PREA Assessment.

On April 7, 2021, at 08:00 AM, an entrance briefing for the PREA audit was conducted. In attendance was the VDOC PREA Coordinator, the Cold Springs (CS) CCAP PREA Compliance Manager, the CSCCAP Superintendent Shanda Hill, and other administrative staff. Within this meeting, the auditor provided a general overview of the auditing process, as well as the necessary actions required during the on-site portion of the PREA audit. It was further explained that a final PREA audit score report would not be provided at the close of the on-site review. Rather, due to the need to adequately exam and synthesize all the information gathered during the on-site portion of the audit, the final report would be issued no later than 45 days following the last day of the on-site audit.

Additionally, the auditor asked the CSCCAP PREA Compliance Manager to prepare a current list of all probationers assigned to the CSCCAP, as well as current lists of probationers who identify as being/having: disabilities, limited English proficiency, LGBTI, assigned to isolated or segregated housing due to their high risk of sexual victimization, reported sexual abuse at any time, and/or having reported sexual victimization during the risk screening process.

The CSCCAP PREA Compliance Manager was also asked to prepare a current list of all staff assigned to the CSCCAP, to include subgroups of specialized staff, contractors, and volunteers. The auditor also asked that lists be provided for all grievances, incident reports, allegations of sexual abuse and sexual harassment reported for investigation, as well as hotline calls made within the past 12 months. It was explained to agency staff that the auditor would use these lists to select both targeted and random probationers and staff for interview purposes. It was further explained that random correctional staff would be selected for interviews based on daily work rosters. As such, daily rosters, sorted by shift, would be necessary.

Following this meeting, the facility site review began at approximately 08:30 AM. The site review started in the Administration Building before moving into the Visitation Area. The probationer dining area, kitchen, and housing units were visited next. The outside recreation yards and programming buildings were inspected. The Dry Storage Building, Probationer's Hallway, Medical Department, and Watch Office were also inspected. In total, all areas of the facility where probationers would be allowed to enter, either with or without staff escorts, were visually inspected.

During the facility site review, all areas within the unit were inspected for concerns of sexual safety, to include the presence of video cameras, security mirrors, blind spots, or areas of unsecured or impeded probationer access. In this, it should be noted that the facility has both external and internal cameras. Primarily, these cameras operate with a fixed view. However, there are some cameras that do operate with a 360-degree view. Additionally, during the site review, the strategic placement of PREA information posters and audit notices was also noted. The bathrooms, along with other isolated places within probationer work, education, and program areas, were inspected. Any secluded areas within the health services department, such as examination rooms, and any communal areas where probationers could be

isolated, were scrutinized. As well, throughout the facility, the auditor looked for areas that, either by their design or by intentional alterations, might provide others with the opportunity to isolate a probationer from the general population and/or staff monitoring systems. Lastly, any area where probationers might be required to routinely engage in a state of undress was examined to ensure that probationers are provided with all modesty measures as mandated under the PREA Standards.

During the facility site review, the auditor made note of probationer mail and grievance collection boxes. These boxes are secured, located throughout the facility in all probationer housing areas, and allow for probationers to have unimpeded access to them during the normal course of daily activities.

During the site review, the auditor was unable to observe the probationer intake process due to the reduced levels of probationer traffic as a function of COVID protocols. However, while interviewing intake staff, the PREA intake screening tool was discussed in great detail. As discussed, it was noted that the screenings are performed in a private interview room separate from all other probationers and staff. All probationers are asked a series of standardized PREA questions to determine if they present a likely risk of being sexually abused by other probationers or sexually abusive to other probationers. The questions are presented in a non-threatening manner without any implied bias against affirmative answers to questions acknowledging alternative sexual orientations or gender identities. Probationers are also asked to present their own views regarding their perceived level of safety. Of which, their own views toward their sexual safety are given significant consideration.

During the site review, staff were observed making cross-gender announcements when persons of the opposite gender entered probationer housing areas. Also, during the site review, supervisory staff were observed conducting routine security checks within probationer housing areas, as well as other access areas throughout the facility. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the buildings' chronological event logs. These logs are referred to as PREA Log Books.

During the site review, the auditor observed that supervisory staff used both direct and indirect practices to monitor correctional employees. As previously noted, supervisory staff were observed making routine and frequent rounds throughout the facility. Also, during supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts. During the site review, four chronological building logs were randomly inspected for historical evidence of supervisory presence, as well as for patterns of documentation that demonstrated the routine gender announcement of female staff.

All probationer housing areas contain at least one security staff post that is continuously occupied. As well, it was noted that all areas with significant concentrations of probationers are required to maintain a security staff post within that area during operational hours. For example, the probationer dining facility is required, and did contain, the presence of at least one correctional employee while probationers were present in the area.

Within probationer housing areas, as well as prominently displayed throughout the entire facility, were advisement notices on how to report allegations of sexual assault and sexual harassment. These notices were posted in both English and Spanish, which are the two most commonly spoken languages on the facility. The reporting mechanisms for allegations of sexual abuse and sexual harassment allow for both internal and external reports to be made either in writing or verbally. Written reports could be mailed to an external reporting agency. Verbal reports could be made either in person or via the probationer phone system, which allows probationers confidential access to a PREA support hotline. This support hotline allows probationers to select either English or Spanish as their preferred conversational language. The phone number for this PREA support hotline (#55) was posted in or around all probationer phones within each housing unit.

The total number of facility staff, contractors, and volunteers currently authorized to enter the CSCCAP is 44 persons. Of those, the facility has about 38 full time staff positions. Security staff are generally assigned to work one of three shifts, with each shift covering approximately eight hours. Whereas, administrative staff are generally assigned to work normal business hours and days.

In total, 28 agency staff were formally interviewed. Given the size of the facility; namely, with only having 38 total staff assigned, only 10 random staff were available, across all three shifts, for interviews during the audit dates. Accordingly, all 10 random staff were interviewed.

Eighteen specialized staff were also interviewed. In many instances, their designated protocols were responsive to the roles these staff members serve within the agency. Hence, their interview selection was targeted. Likewise, many times these staff members served in more than one PREA specific capacity. For example, the facility PREA compliance manager also serves as Retaliation Monitoring staff. So again, this selection was deliberate, allowing some staff members to provide responses to more than one interview protocol. However, in instances where several staff members performed the same job function, such as correctional officers, it was possible to design a stratified sampling scheme based on daily work or shift rosters.

It should be noted that given the current COVID protocols, the facility is not allowing volunteers to enter the institution. Accordingly, no volunteers were available for interview. Additionally, as the CSCCAP has not had any non-medical staff conduct cross-gender strip or visual searches, that interview protocol was not completed.

This understood, those 18 specialized and 10 random staff were able to provide responses to 34 interview protocols for the following audited areas: 1 Agency Head, 1 PREA Coordinator, 1 Agency Contract Administrator, 1 Superintendent, 1 PREA Compliance Manager, 3 Intermediate or Higher-Level Supervisors, 1 Medical Staff, 1 Mental Health Staff, 1 Human Resources Staff, 1 SAFE/SANE Nurse, 3 Contractors, 1 Investigative Staff at the Agency Level, 1 Investigative Staff at the Facility Level, 2 Staff

who Perform Screening for Risk of Victimization and Abusiveness, 1 Staff on the Sexual Abuse Incident Review Team, 1 Designated Staff Member Charged with Monitoring Retaliation, 2 Security Staff First Responders, 1 Intake Staff, and 10 Random Staff.

All efforts were made to interview staff in areas convenient for them, as well as to provide them with privacy in speaking. If staff were assigned private offices, whenever possible, they would be interviewed in their offices. When it was not possible, staff would be interviewed in conference areas or other offices central to their duty station and in areas that provided privacy to their speech.

On the first day of the site review, the CSCCAP maintained 30 probationers on its facility roster. Given the overall population of the facility (0-50), the auditor was required to conduct at least 10 probationer interviews. Of these, the auditor was required to conduct at least 5 random probationer interviews and at least 5 targeted probationer interviews. Additionally, the auditor was encouraged to interview at least one probationer from each housing unit, as well as subsets of probationers within the targeted groups of probationers.

However, at the time of the audit, of the 30 assigned probationers, only 1 person qualified as a targeted probationer in that he had previously filed an allegation of sexual abuse. Accordingly, he was interviewed. The remaining interviews consisted of random probationers. In total, the names of 12 probationers were selected for interview. This total consisted of 1 targeted probationer and 11 random probationers. Of the 11 random probationers, 1 probationer refused to be interviewed.

All probationers interviewed were questioned using the Random Sample of Residents Survey protocol. Targeted probationers were also questioned using the survey sample appropriate for their targeted group. It should also be noted that if during the interview process it became apparent that any person belonged to any other subset of targeted probationers, then additional targeted protocols would have been administered as appropriate.

As the facility did not have any limited English proficient residents assigned, it was not necessary to use the language line services. However, during staff interviews, each person was asked how they would communicate with probationers with limited English proficiency. In this, staff were aware of the need to obtain either a staff translator or to use the language line when translating allegations of a sensitive nature, such as those included within the PREA.

All probationer interviews were conducted in private settings to ensure probationers felt at liberty to express any concerns they may have had with the facility's PREA compliance efforts or with their own personal safety. Specifically, these interviews were conducted in the CSCCAP PREA Compliance Manager's Office.

In total, an additional 21 documentary and/or investigative files were reviewed on site. Documentary files were occasionally selected at random from the totality of possible files available. However, whenever possible, the auditor did attempt to correlate documentary files across the investigatory process associated with PREA specific allegations, as well as probationer interviews. This was done to ensure the totality of both the preventative and responsive aspects of the PREA.

The CSCCAP received 2 allegations of sexual abuse within the last twelve months. Those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frame, required notifications, and prosecutor referrals, if appropriate, were made. Of the 2 PREA allegations reviewed, both were unsubstantiated. The Sexual Incident Unit (SIU) was properly notified, and conducted appropriate investigations, on both occasions. However, as the merits of the case did not rise to the level of criminal abuse, the SIU declined to pursue criminal prosecution.

While it occurred outside the audit time frame, the CSCCAP also had 1 allegation of sexual abuse that was filed by a probationer still assigned to the facility. Since this probationer was the only resident who qualified as a targeted resident, this investigation file was also reviewed in light of the resident interview. Upon disposition, this claim was classified as unfounded.

The facility utilizes Augusta Health for forensic examines. There are generally SAFE/SANE nursing staff available to conduct forensic exams. However, SAFE/SANE nurses are not staffed on a continuous basis. As such, in the event any persons, to include incarcerated persons, arrive at the hospital for a forensic exam when a qualified nurse is not physically present at the facility, the hospital ensures that there is always a SAFE/SANE nurse on-call who will immediately report to the hospital.

Over the past twelve months, CSCCAP has not received any reports of sexual abuse within the evidence collection time frame that would have necessitated that the probationers receive a sexual assault forensic exam. However, it should also be noted that in interviewing SANE/SAFE nursing staff, the facility does have continuous access to qualified professionals.

Over the past twelve months, CSCCAP did not receive any reports where an probationer was at substantial risk of sexual abuse. Thus, there weren't any records of protective measures being implemented. However, in the event that such were needed, the CSCCAP PREA Compliance Manager explained the process in detailed.

While there no reports of sexual abuse within the audit time frame, and thus no evidence to suggest that any probationer suffered retaliation for having reported sexual abuse, the CSCCAP does have a system in place to monitor the conduct and treatment of all probationers who reported sexual abuse. In this, monitoring looks to see if there are any changes to a probationer's routine activities that may suggest

possible retaliation by other probationers or staff. As well, there were no retaliation monitoring documents for staff within the past 12 months. It should also be noted that there weren't any advocate requests to subsequently speak with probationers for follow-up crisis services. As such, there were no such documents to review to ensure timely disposition of said request.

During the site review, the auditor observed designated collection boxes available to each housing unit for probationer grievances and outgoing mail. VDOC policy does allow probationers to file grievances related to sexual abuse and sexual harassment. The CSCCAP has not received any such grievances within the audit time frame.

Two probationer files were reviewed to ensure the facility conducted initial and subsequent PREA Assessment Forms and PREA trainings. It should be noted that CSCCAP Probation Officers conduct all PREA Assessment Forms in a private setting. Following that screening, specific referrals for medical and mental health services are issued if needed. Employee training records were also reviewed to ensure that staff had received their required PREA training.

On April 8, 2021, upon concluding the on-site portion of the PREA audit, the auditor met with the VDOC PREA Coordinator, the CSCCAP PREA Compliance Manager, the CSCCAP Superintendent to conduct the facility out briefing. Agency staff were then provided some preliminary observations; however, said staff were advised that a final audit outcome was yet to be determined.

On several occasions following the on-site portion of the audit, the agency-wide PREA Coordinator or the CSCCAP PREA Compliance Manager were contacted to provide follow up information and/or documentation. In this, it should be noted that during all phases of the auditing process; the pre-onsite audit, on-site audit, and post-onsite audit reviews, the auditor did not experience any barriers to completing the audit as required. Agency and facility staff were forthcoming with all information and document requests. The auditor was allowed unfettered access to all areas of the facility. All staff willingly engaged in the interview process, as well as patiently explained their roles within the facility's PREA-based Standard Operating Procedures.

AUDIT FINDINGS

Facility Characteristics:

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

The physical location of the Cold Springs Community Corrections Alternative Program (CSCCAP) is 192 Spittler Circle, Greenville, Virginia, 24440. The Cold Springs CCAP is operated by the Virginia Department of Corrections (VDOC). The facility's host town, Greenville, is located at an approximate 1:45 hour drive from the state's capitol, Richmond, Virginia.

The CSCCAP has only two probationer housing assignments. On the morning of the audit, there were 30 probationers assigned to the facility. To supervise said probationers, the CSCCAP has 44 total staff members, including contract workers. Of CSCCAP's 38 full-time employees, each one is assigned to work 8-hour shifts.

AUDIT FINDINGS

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

Number of standards exceeded:	7
Number of standards met:	34
Number of standards not met:	0

A review of all available documentation reflects that the Virginia Department of Correction (VDOC) has developed agency wide policies in compliance with both the spirit and letter of the Prison Rape Elimination Act (PREA) standards. The Cold Springs Community Corrections Alternative Program (CSCCAP) has incorporated these policies into its unit-based practices, programs, and services. While conducting a site review the complex, the auditor observed routine adherence to PREA standards by both staff and probationers. As well, probationer reactions to staff adherence of said standards reflected its institutionalization in common practice. Lastly, interviews with both staff and probationers generally reflected that Cold Springs Community Corrections Alternative Program employees adhered not only to the defined PREA standards, but also to the overarching principles under which they reside.

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded: 115.213, 115.215, 115.261, 115.262, 115.283, 115.401, 115.403

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 • Virginia Department of Corrections Organizational Chart, 12-12-16 • VADOC Employee Work Profile, Central Region PREA/ADA Analyst • VADOC Employee Work Profile, Western Region PREA/ADA Analyst • VADOC Intranet, Key PREA Contacts, 12-16-20 • VADOC PREA Compliance Managers, 12-31-20 • Cold Springs Community Corrections Alternative Program (CSCCAP) PREA Compliance Manager Notification Memo, 2-6-21 • CSCCAP Facility Organizational Chart, 1-15-21 • VADOC Employee Work Profile, CSCCAP PREA PCM <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Superintendent • Intermediate or Higher-Level Facility Staff • Random Staff <p>Site Review Observations:</p>	

- The Virginia Department of Corrections PREA Coordinator oversees overall the PREA program across all Community Confinement centers, to include the Cold Springs Community Corrections Alternative Program (CSCCAP).
- The Cold Springs CCAP PREA Compliance Manager is physically assigned to the CSCCAP and maintains a permanent office, with routine activities, within said institution as a function of his assignment.

Standard Subsections:

(A) Operating Procedure (OP) 038.3, Prison Rape Elimination Act, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines both the agency's and the facility's approach to preventing, detecting, and responding to such conduct. In this, descriptions of agency strategies to reduce and prevent sexual abuse and sexual harassment of residents is discussed. Specifically, OP 038.3, provides clear definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as well as includes sanctions for those found to have participated in prohibited behaviors.

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the Virginia Department of Corrections (VADOC). The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. As such, the PREA Coordinator in coordination with facility wardens, oversees the implementation of PREA standards at the facility level.

Reasoning & Findings Statement:

This standard works to ensure the agency as a whole operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated residents. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. The standard requires the minimum staffing of one agency-wide PREA Coordinator, as well as a facility-based PREA Compliance Managers. The State of Virginia, and by extension, the CSCCAP, has met this requirement.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Lawrenceville Contract Extension, 2017-2018 • Lawrenceville Correctional Contract, 2013 • Lawrenceville Correctional Contract, 2014 • Lawrenceville Correctional Contract, 2015 • Lawrenceville Correctional Contract, 2016 • Lawrenceville Correctional Contract, 2017 • Lawrenceville Correctional Contract, 2018 – 5 year contract • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 260.1, Procurement of Goods and Services, June 1, 2019 • Operating Procedure 940.1, Community Residential Programs, May 1, 2020 • Lawrenceville Final PREA Audit Report, 11-20-19 • CSCCAP does not contract for confinement of offenders, 3-31-20 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Contract Administrator • Agency PREA Coordinator <p>Site Review Observations:</p> <ul style="list-style-type: none"> • The CSCCAP is a publicly operated correctional facility through the Virginia Department of Corrections (VADOC).

Standard Subsections:

(A) As expressed via the VADOC agency contract administrator, the VADOC contracts for the confinement of its inmates with one private agency, namely, GEO Corrections and Detention, LLC. The current contract governing this relationship contain explicit language directing said agency to adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) This contract also contains language requiring that the VADOC monitors PREA compliance of the contracted facility, as well as provide relevant training on the facility's responsibilities under VADOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the VADOC PREA audit schedule, as well as the contracted facility's PREA audit report, all facilities operating under the VADOC, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Virginia Department of Corrections, complies with the PREA standards. In this, prior to engaging any contractual relationship with a private agency, the VADOC ensures that all private agencies understand that it's the private agencies' absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the VADOC, private agencies understand their continuing duty to remain in compliance with PREA standards. To assist in its compliance with VADOC regulations, to include PREA policies, the single facility that VADOC has privately contracted is assigned a VADOC liaison. Lastly, the private facility is routinely audited on a rotating basis to encourage said compliance. Hence, the agency meets the established requirements under this standard.

115.213	Supervision and monitoring
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- Operating Procedure 401.2, Security Staffing, January 1, 2020
- CSCCAP Staffing Plan 2020
- CSCCAP Staffing Plan 2021
- Dorm Unannounced Rounds June 2020
- Dorm Unannounced Rounds December 2020
- Dorm Unannounced Rounds April 2020
- Dorm Unannounced Rounds August 2020
- Dorm Unannounced Rounds February 2020
- Dorm Unannounced Rounds July 2020
- Dorm Unannounced Rounds January 2020
- Dorm Unannounced Rounds October 2020
- Dorm Unannounced Rounds November 2020
- Dorm Unannounced Rounds May 2020
- Dorm Unannounced Rounds September 2020
- Dorm Unannounced Rounds March 2020
- Dorm Unannounced Rounds January 2021
- Dorm Unannounced Rounds April 2021
- 3 Resident Work Area Unannounced Rounds April 2021
- Duty Rosters, 1st Quarter, 2020
- Duty Rosters, 2nd Quarter, 2020
- Duty Rosters, 3rd Quarter, 2020
- Duty Rosters, 4th Quarter, 2020
- Duty Rosters, 1st Quarter, 2021

Interviews:

- CSCCAP Facility Superintendent
- Agency PREA Coordinator
- CSCCAP PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- All resident housing areas contain at least two security staff posts that are continuously monitored by staff. All areas of high resident traffic are assigned permanent staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All of the random staff interviewed did indicate that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.
- During supervisory rounds, ranking officials were observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the on-site portion of the audit, four chronological housing/building logs (PREA Log Book) were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds. Supervisory signatures were observed in red ink.
- PREA Log Books were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The CSCCAP has developed and documented a staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis in order to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse (OP 401.2). As explicitly noted within OP 401.2, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. The

Staffing Plan Annual Review requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. Facility staff consistently remarked that unit administration does consider the nature of the resident population and current issues/trends within the resident population when determining staffing levels. As noted by the CSCCAP PREA Compliance Manager and the VADOC PREA Coordinator, the facility staffing plan was predicated consistent with average daily number of inmates assigned to the CSCCAP.

(B) VADOC policy (OP 401.2) governs the minimum use of employee staffing. If unit staffing levels fall below these minimum requirements, VADOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, when the CSCCAP has deviated from the staffing plan, the reason for the deviation has been documented.

(C) The facility conducts an annual review of its staffing plan, with the last review being finalized on January 29, 2021. As evidenced via interviews with agency and facility staff, in completing the CSCCAP staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the CSCCAP PREA Compliance Manager, to develop the facility staffing plan in accordance to the aforementioned 115.13(a). PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan, as well as the use of video monitoring technologies within the facility.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all residents assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the past 12 months, when the CSCCAP has deviated from the Staffing Plan, the reason for said deviation was properly noted. To ensure that the sexual safety of residents assigned to the CSCCAP is given sufficient weight in determining facility staffing needs, the CSCCAP staffing plan is reviewed annually in coordination with all CSCCAP PREA staffing components and then acknowledged by the VADOC PREA Coordinator. To ensure meaningful and effective correctional supervision, CSCCAP supervisors routinely conduct and document unannounced rounds. The auditor observed, as well as the facility provided, ample evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility warden. Lastly, to ensure and encourage the proper documentation of rounds, the VADOC discontinued utilizing previous log styles across its prisons and incorporated the PREA Log Book as the only document used to record PREA rounds. The log contains a box that one must check if they are a female entering the housing door, a male entering the housing dorm, as well as a supervisory conducting PREA rounds. As such, the CSCCAP facility has exceeded in demonstrating its compliance with this provision.



115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 445.1, Strip Searches, November 1, 2017 • Reviewed 4 PREA Log Books, 4-7-21 • Operating Procedure 801.1, Showers, December 1, 2018 • Operating Procedure 401.2, Security Staffing, January 1, 2020 • PREA Log Book, 12-31-19 through 6-21-20 • PREA Log Book, 6-21-20 through 2-12-21 • Operating Procedure 401.1, Development and Maintenance of Post Orders, September 1, 2019 • Operating Procedure 720.2, Medical Screening, Classification, and Levels of Care, October 1, 2020 • Strip Search Memo, 1-31-21 • Operating Procedure 350.2, June 1, 2018 • Operating Procedure 445.1, Strip Searches, November 1, 2017 • In-Service Training, Searches • 2020 Online PREA Basic Training • 2020 Basic Correctional Officer/Non-Security PREA Training • 2020 PREA In-Service Curriculum Trainer Outline • 2021 PREA Online Training • CSCCAP Memo discussing online PREA Training due to COVID, 2-18-21 • Reviewed 21 staff training certificates received within the last year • Non-Correctional staff, New employee orientation, in-person PREA training roster, PREA training exams, PREA acknowledgement forms, January 2020 • Correctional staff, New employee orientation, in-person PREA training roster, PREA training exams, PREA acknowledgement forms, February 2020 • Non-Correctional staff, New employee orientation, in-person PREA training roster,

PREA training exams, PREA acknowledgement forms, September 2020

- VADOC 2020 Memo Resumption of Training
- VADOC 2021 Memo Temporary Suspension of Classroom In-Service Training

Interviews:

- CSCCAP Compliance Manager
- CSCCAP Facility Superintendent
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Random Offenders

Site Review Observations:

- During the site review, staff were observed making cross-gender announcements when persons of the opposite gender entered resident housing areas.
- Supervisory staff were observed conducting their routine security checks within resident housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the PREA Log Book, which is the buildings' chronical incident logs.
- CSCCAP documentation reflects that during the past twelve months, the facility has not had any cross-gender visual or body cavity searches of inmates.
- Privacy shields were in place inhibiting view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.
- Video footage was reviewed. There weren't any camera angels that allowed for views of resident restrooms, showers, or other areas where residents might be in a state of undress.
- Observed a routine pat frisk of a random resident.

Standard Subsections:

(A) VADOC Operating Procedure (445.1) prohibits cross-gender strip or visual body cavity search of residents except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 11 residents interviewed noted that they had not, nor had they witnessed any other resident, being stripped or body cavity searched by a security staff member of the opposite gender. In the past 12 months, there have been no documented incidents of cross-gender strip or visual body cavity searches.

(B) The CSCCAP is a male facility. As there are no female residents incarcerated at this facility, security staff always follow policy (OP 445.1) in refraining from conducting cross-gender pat-down searches of female residents, even in exigent circumstances. As well, the facility has never denied any female resident access to a regularly available program or out of cell activity.

(C) Agency policy (OP 445.1) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any cross-gender strip searches or cross-gender body cavity searches of its male prisoners within the audit period. However, under exigent circumstances, should the need arise, all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification. As the CSCCAP does not house female residents, no female residents have ever been subject to a cross-gender search.

(D) The CSCCAP does have policies (OP 801.1, OP 401.2) in place that allow residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with random residents and staff supports institutional assertion that the facility does follow policy (OP 801.1, OP 401.2) requiring staff of the opposite gender to announce their presence when entering a resident housing unit. In speaking with agency staff, all staff members were aware of the agency's prohibition against cross-gender strip and visual body cavity searches. OP 801.1 and OP 401.2 requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All female staff interviewed did confirm their adherence to said policy. As well, all of the residents interviewed confirmed this statement. During the facility site review, modesty barriers and curtains were in place to inhibit the viewing of any residents in the shower, toilet, and other areas where residents might be in a state of undress (such as the Medical Department). As well, video footage was reviewed to ensure that camera angles did not capture images of residents in a state of undress during routine activities, to include routine strip searches.

(E) VADOC policy (OP 445.1) prohibits searching transgender or intersex residents for the sole purpose of determining the residents' genital status. In interviewing staff, it was clearly expressed that if the gender of a resident is unknown, conducting a strip search to determine

the gender of the resident would be inappropriate. It was generally expressed that to determine gender, staff would contact the medical department, their supervisor, or simply ask the resident.

(F) Records reflect that 100% of CSCCAP security staff have been trained on proper policy specific to conducting cross-gender resident pat searches and transgender pat searches in a professional and least intrusive manner as possible consistent with security needs (OP 445.1). All random staff interviewed did affirm their understanding of agency policy prohibiting the search of any transgender or intersex resident for the sole purpose of determining the inmate's genital status. VADOC Operating Procedure 445.1 specifies that "the DOC shall train security staff in how to conduct cross gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs." Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex residents assigned to the CSCCAP. As well, facility training rosters reflect that all correctional staff assigned to the CSCCAP have been trained on how to conduct searches in a professional and least intrusive manner as possible. During the site review, security staff were observed conducting a pat-down search on a random basis in both a professional manner and in the least obtrusive manner possible consistent with security needs.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The VADOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances do require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. The agency has also taken this a step further in allowing transgender and intersex residents the option to choose the gender of staff in which that resident would be most comfortable being strip searched. CSCCAP security staff are trained on the proper procedures to conduct pat searches on transgender or intersex residents, which requires said searches to be performed in a professional and least intrusive manner as possible. As well, the agency requires opposite gender staff to announce their presence upon entering resident housing areas where persons may be in a state of undress. The PREA Log Book for the preceding year was reviewed in its entirety. All instances of cross-gender staff entering the housing areas were noted, as well as supervisory unannounced rounds being conducted as required. Training logs and documentation specific to PREA were further reviewed. The facility has done an outstanding job on developing, completing, and documenting this training. Given the totality of the information observed and documented, the CSCCAP has clearly exceeded this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 1019 • Resident Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training, Spanish • Zero Tolerance, 038-3_A1E, English • Zero Tolerance, 038-3_A1S, Spanish • Propio 3rd Renewal Contract Summary, 1/2020 – 10/2021 (Interpretation and Translation Services) • E194-77604 2nd Renewal Contract Summary • Propio Contract Proposal • Purple Contract Proposal • Purple Communications 11-1-17 – 10-31-18 (Sign Language and VRI Services) • 9 Purple Language Service Contracts, 5-1-2016 through 2021 • PREA Handbook in Braille • CSCCAP Memo noting no residents assigned to CSCCAP with disabilities or limited English proficiencies for the preceding year, 2-23-21 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • CSCCAP PREA Compliance Manager • CSCCAP Facility Superintendent • Intermediate or Higher-Level Facility Staff • Random Staff

- Random Residents

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly announce resident information, to include when female staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility. Each shower/bathroom area contained handicap accessible showers/toilets.
- PREA Notices, as well as other advisement notices, were posted in the language spoken by all residents within CSCCAP, namely English. The notices were also posted in Spanish.
- Propio Language Services are available for staff to communicate with residents who do not speak English.
- Staff translators are also available if needed.

Standard Subsections:

(A) The VADOC has developed agency-wide policies (OP 038.3) to enhance communication efforts with disabled inmates/residents; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; so as to provide said inmates/residents with 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. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The VADOC has contracted services for both audio and sign language interpretation. As well, the PREA Handbook is available in braille if needed. While there aren't any residents currently assigned to CSCCAP who require the use of any disability services, to include language services, staff are aware of the policies to accommodate said residents should the need arise.

When interviewing staff, employees were aware of the need to obtain staff or professional interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other residents could not be used to translate for any resident during a sexual abuse/harassment investigation or incident. During the resident interview process, there weren't any persons incarcerated at CSCCAP who require the use of a language translator. As such, the Propio Language Services translator was not utilized. Additionally, there weren't any residents with physical and/or intellectual disabilities currently assigned to the CSCCAP. As such, no such residents could be interviewed. Nonetheless, when interviewing staff, all staff were aware of the need to provide reasonable accommodations to any resident who may

need such in order to utilized the PREA reporting systems in order to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational brochure is printed in two different languages: English and Spanish. As well, per the PREA Coordinator, the PREA Informational video can be seen by residents in those languages. The PREA Handbook is also printed in braille. As needed, Propio Language Services can also be used to translate PREA information into other languages.

(C) The VADOC has developed an agency-wide policy (OP 038.3) that prohibits the use of inmate/resident interpreters or other types of offender-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters. In this, the agency has developed policy (038.3) to enhance communication efforts with disabled offenders; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; so as to provide said inmates/residents with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of offender interpreters or other types of offender-based assistance. CSCCAP staff are aware of these agency policies. While there are no such residents assigned to the CSCCAP, should the need arise, staff affirmed that they would not utilize resident interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard looks to empower all residents with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Residents with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure that said residents have equal access. The VADOC recognizes this need and has created policies to address it. Furthermore, the agency has taken steps to ensure that the resident population is aware of translation services via a posted notice within the VADOC Inmate Handbook. More specifically, the CSCCAP Probationer Handbook also contains notice that residents may report incidents of sexual abuse/harassment in Spanish by utilizing the Probationer Sexual Assault Hotline and selecting the Spanish prompt. The CSCCAP maintains sufficient stocks of PREA informational brochures in both English and Spanish. Additionally, the CSCCAP has access to the Spanish PREA informational video if needed. Lastly, it should be noted that at no time during the past 12 months, has the CSCCAP had any residents assigned who required ADA or language service accommodations. As such, the CSCCAP has not used resident interpreters to help agency staff communicate with another resident regarding security sensitive information.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.1, Reporting Serious or Unusual Incidents • Operating Procedure 260.1, Procurement of Goods and Services, June 1, 2019 • Operating Procedure 102.2, Recruitment, Selection and Appointment, December 1, 2019 • Operating Procedure 102.3, Background Investigation Program, November 1, 2020 • Operating Procedure 135.2, 7-1-18 • Employee Application with Supplemental PREA questions, 6-4-20 • Employee Application with Supplemental PREA questions, 6-7-20 • Employee Application with Supplemental PREA questions, 6-7-20 • Employee Application with Supplemental PREA questions, 1-29-20 • Promotion Application with Supplemental PREA questions, 8-19-20 • Promotion Application with Supplemental PREA questions, 11-21-19 • Promotion Application with Supplemental PREA questions, 11-24-20 • Memo, CSCCAP opening date, 2-23-21 • CSCCAP Staff Hire and New Hire Background Dates <p>Interviews:</p> <ul style="list-style-type: none"> • Administrative (Human Resources) Staff • Agency PREA Coordinator • CSCCAP PREA Compliance Manager • CSCCAP Facility Superintendent

Site Review Observations:

- Review of employee hiring files
- Review of employee promotion files

Standard Subsections:

- The VDOC has developed agency-wide policies (OP 038.1, OP 260.1, OP 102.2, OP 102.3) that prohibit the hiring or promoting of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with residents, or have been civilly or administratively adjudicated to have engaged in a sexual activity with residents while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, CSCCAP Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, as required by policy, VDOC/CSCCAP Human Resource staff ensure that all previous institutions of employment are contacted in order to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, policy also requires that the CSCCAP cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.
- VDOC policy (OP 038.1, OP 260.1, OP 102.2, OP 102.3) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the CSCCAP Human Resource representative, agency policy requires Human Resource staff to also verify contractor employment history.
- Before hiring or promoting employees, policy (OP 038.1, OP 102.2, OP 102.3) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility.
- Agency policy requires that prior to enlisting the services of any contractor who may have contact with offenders, the agency performs a criminal background records check on said contractor. An examination of CSCCAP's current contractor background spreadsheet reflects that all persons contracted with the CSCCAP received an initial background check. As the facility has not been operational for more than 5 years, subsequent background checks

have not occurred.

- Once employed, agency policy (OP 038.1, OP 102.2, OP 102.3) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution. Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment.

- All applicants, as well as current employees, are required to submit their answers to the supplemental PREA questions, which directly asks employees who may have contact with residents to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the VDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (OP 038.1, OP 102.2, OP 102.3).

- Agency policy (OP 102.3, OP 135.1) expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

- Agency policy allows that unless prohibited by law, the VDOC shall 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 (OP 102.3, OP 135.1).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. Review of employee and contractor training files reflect that the CSCCAP Human Resource Department is in strict compliance with agency policy. As such, the CSCCAP clearly meets the requirements of this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 801.1, December 1, 2018 • Memo, Superintendent Hill, No Modifications During Audit Time Frame, 2-23-21 • CSCCAP Cameras, 2-22-21 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • CSCCAP PREA Compliance Manager • CSCCAP Facility Superintendent <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Observed video monitoring technologies present within the facility. <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Per the CSCCAP Superintendent, the CSCCAP has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities within the previous 12 months. However, when substantial changes are made, the agency does consider the effect that the design, acquisition, expansion, or modification that the preexisting condition has upon the agency's ability to protect inmates from sexual abuse. • The CSCCAP has not installed or updated the video monitoring system or other monitoring technology since the last PREA audit.

Reasoning & Findings Statement:

Within the audit time frame, CSCCAP has not designed or acquired any substantial expansion or modification of its existing facilities. However, as a function of its annual staffing review, the CSCCAP does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. Currently, the CSCCAP has over 25 cameras inside the facility that provide sufficient coverage throughout the institution. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the CSCCAP seeks to maximize the facility's ability to protect probationers from sexual abuse.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 030.4, October 1, 2018 • Operating Procedure 030.4, Attachment 1, Investigations Matrix, October 1, 2018 • Operating Procedure 030.1, Evidence Collection and Preservation, July 1, 2018 • Superintendent Hill, No Forensic Exams, 2-9-2021 • Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2020 • Virginia Forensic Nurse Examiner Programs. December 2012 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 720.2, Medical Screening, Classification, and Levels of Care, October 1, 2020 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • MOU Renewal with Action Alliance 2015-2016 • MOU Renewal with Action Alliance 2016-2017 • MOU Action Alliance Contract 2018 • MOU Renewal with Action Alliance 2017 • MOU Renewal with Action Alliance 2019 • MOU Renewal with Action Alliance 2020 • MOU Renewal with Action Alliance • MOU Renewal with Action Alliance 5-21 to 4-22 • Superintendent Hill, No Request for Victim’s Advocate, 1-31-21 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator

- CSCCAP PREA Compliance Manager
- CSCCAP Facility Superintendent
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
- SAFE and/or SANE Staff
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department and privacy screens/limitations
- Discussed protocol with agency staff.
- Discussed protocol with facility staff.
- Discussed protocol with SAFE/SANE staff.

Standard Subsections:

- Agency policy (Operating Procedure 030.4) mandates that the VDOC Sexual Incident Unit (SIU) is responsible for investigating criminal allegations of sexual abuse. In this, policy asks that the SIU follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.
- As the CSCCAP does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. CSCCAP policy does, however, still require the agency to utilize the established protocol that “is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011” (OP 030.4).
- In accordance with agency protocol, the CSCCAP does ensure that all probationers are given access to forensic medical examinations without cost (OP 720.7). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes Augusta Health for forensic examines. In the past 12 months, the CSCCAP has not facilitated any medical examinations.

- The agency does attempt to make a victim's advocate available for probationer support. In this, policy (OP 038.3, OP 730.2) requires that upon notification of an allegation of abuse, the rape crisis center will provide a victim advocate. In the event that the rape crisis center is not able to provide such an advocate, a qualified staff member or a qualified staff member from a community-based organization must be made available.

- In accordance to policy (OP 030.4, OP 038.3, OP 730.7), and as requested by the victim, a local rape crisis center advocate or qualified staff member may remain with the probationer through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals.

- Agency policy (OP 038.3) mandates that the Virginia Department of Correction (VDOC), SIU is responsible for investigating criminal allegations of sexual abuse. To this effect, policy does require that investigators use protocol adapted or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual.

- The auditor is not required to audit this provision.

- In accordance to the memorandum of understanding between the CSCCAP and Action Alliance, all rape crisis counselors belonging to the latter must have been appropriately screened and trained for that purpose. Through this memorandum of understanding with the local rape crisis center, the agency has ensured that all persons who have contact with CSCCAP probationers have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol and forensic medical examinations. During the past 12 months, the CSCCAP has not initiated the evidence protocol and forensic medical examination process. Nonetheless, as evidenced during the interview process, facility staff are very much aware of the policies and have practices in place should the need arise at some future point. As such, the CSCCAP has met the requirements of this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 030.4, October 1, 2018 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Superintendent Hill, Memo No Sexual Harassment Allegations, 1-31-21 • Superintendent Hill, Memo No Sexual Abuse Allegations, 2-9-21 • CSCCAP PREA Investigations, January 1, 2020 – January 31, 2021 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Investigative Staff • Medical and Mental Health Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Discussed protocol with facility staff. • Reviewed documentary files with facility staff. • Discussed protocol with investigative staff. • Reviewed documentary files with investigative staff. <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 038.3, OP 030.4) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the last 12 months, the CSCCAP has received a total of 2 sexual abuse or sexual harassment referrals. Of those, both were criminal. All reported allegations were properly investigated. • The VDOC refers all allegations of sexual abuse and sexual harassment to the Special Investigations Unit (SIU), an internal law enforcement agency with legal authority to conduct criminal investigations. The VDOC has published this policy, as well as the criminal investigation process, on the agency website. All referrals to the SIU are documented by the agency. • The auditor is not required to audit this provision. <p>Reasoning & Findings Statement:</p> <p>This standard ensures that proper referrals of allegations are made for further investigations. The VDOC does have appropriate policies in place mandating referrals in specific instances. In interviewing CSCCAP investigative staff, it is clear that CSCCAP staff refer all required investigations to the SIU for further processing in accordance to policy. Additionally, CSCCAP provided sufficient documentation to evidence the facility's adherence to agency protocol. As</p>

such, the CSCCAP complies in all material ways with this standard for the relevant review period.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 102.6, Staff Orientation, November 1, 2020 • Operating Procedure 350.2, June 1, 2018 • 2020 Online PREA Basic Training • 2020 BCO Training • 2020 In-Service Training • 2021 BCO PREA Training • 2021 PREA Online Training • VADOC 2020 Memo Resumption of Training, 8-27-20 • VADOC 2021 Memo Temporary Suspension of Classroom In-Service, 1-25-21. • PREA News 10-17 to 12-18 • PREA & ADA News 1-19 to 2-21 • Operating Procedure 102.6, Staff Orientation, November 1, 2020 • Operating Procedure 350.2, June 1, 2018 • Staff In-Service 2020-2021, Staff Training Certificates <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Administrative (Human Resources) Staff • Medical and Mental Health Staff <p>Site Review Observations:</p>

- The auditor was provided with a training list of all contract workers and CSCCAP staff, to include newly hired staff. During the course of all staff and contract worker interviews, all persons were asked if, and when, they had received their required PREA training. Random responses were subsequently matched against the CSCCAP PREA Training Completion Report to ensure the validity of said report.

Standard Subsections:

- Policy OP 038.3, OP 102.6, OP 350.2) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. This PREA Basics Online Curriculum training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, and discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that probationers have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with probationers, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with probationers; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming probationers.

- Training curriculum reviews demonstrate that the material is appropriate for the gender of probationers at the employees' facility. As well, agency policy (OP 350.2, OP 102.6) requires that "the employee shall receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa." It should be noted, however, that due to the current COVID pandemic, there haven't been any staff transfers into the facility within the past year.

- A review of CSCCAP PREA Training Completion Report reflects that all 38 actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (OP 038.3). Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training.

- All training is electronically verified and documented upon completion of the VDOC

PREA online training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. CSCCAP maintains compliance with those imperatives. All training is electronically documented upon completion, with CSCCAP maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. As such, CSCCAP has clearly meet the requirements of this provision.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 027.1, Volunteer and Internship Programs, May 1, 2020 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 102.6, Staff Orientation, November 1, 2020 • Operating Procedure 350.2, June 1, 2018 • Guide for Maintaining Boundaries • Contractor/Volunteer Power Point • Contractor/Volunteer Trainer Outline • PREA Compliance Memo, PREA Coordinator, October 17, 2012 • Volunteer PREA Acknowledgement 038.3-A6. • Superintendent Hill, Memo No Volunteers, Spectrum Employees 2020 • Spectrum Contract Employees In-Service • Spectrum Contract Employee Training, 1-13-20 • Spectrum Contract Employee Training, 9-14-20 • Memo-Volunteers Training Samples <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Administrative (Human Resources) Staff • Medical and Mental Health Staff • Contractors Who May Have Contact with Probationers

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.

Standard Subsections:

- Policy (OP 027.1) requires that “all volunteers/interns who have contact with offenders have been trained their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures.” At the time of the audit, the CSCCAP had 6 contract workers who would have contact with probationers. As affirmed by the CSCCAP Operation Compliance Manager, 100% of those persons have received appropriate PREA training dependent on their level of contact with probationers within the facility.
- During the on-site audit, which occurred in light of the 2020 Coronavirus pandemic, nonessential persons were not present on the facility. As such, there were no volunteers available for interview. However, there were several contract workers available for interview. When interviewed, these contract workers all stated that they had been made aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member. Contractors’ statements of training were randomly verified against the facility’s PREA training rosters.
- Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. The CSCCAP then maintains a copy of all training files belonging to both volunteers and contractors. Several such files were reviewed as part of the auditing process and found to be within compliance.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency’s zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors

understood the training that they had received. As with employee training, the CSCCAP has ensured both volunteers and contractors conducting business on the facility have received and subsequently documented their PREA trainings. In speaking with contracted personnel, it was clear they understood the professional boundaries between themselves and the probationers assigned to the institution. As such, CSCCAP has met the requirements of this standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Zero Tolerance – Spanish 038.3-A1S • Zero Tolerance – English 038.3-A1 • Zero Tolerance – Hearing Impaired 038.3-A1H • PREA Handbook in Braille • Offender PREA Training Acknowledgement Form • Offender Training Comprehensive • Offender Training Intake • Superintendent Hill, No Intakes, 7-24-20 • August Intake Orientation • February Intake Orientation • January Intake Orientation • June Intake Orientation • July Intake Orientation • March Intake Orientation • September Intake Orientation • October Intake Orientation • November Intake Orientation • January 2021 Intake Orientation • Offender Orientation Handbook

Interviews:

- CSCCAP Operation Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Probationers

Site Review Observations:

- Observed the probationer reception area.
- Engaged in a mock PREA Risk Screening Process.
- Observed PREA informational postings in Probationer Housing, Education, Library, Law Library, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for probationer use within the Library and Law Library areas.
- Observed Probationer PREA training video.
- Reviewed Intake records of residents entering the facility

Standard Subsections:

- Policy (OP 038.3, OP 940.4) requires that upon receipt into the facility, probationers shall receive information in their native language, when possible, explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Probationers will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the past 12 months, the CSCCAP has received 113 probationers during the Intake process. Of those probationers, 100% were provided the initial PREA screening and information.
- As noted by Intake staff, probationers are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Probationers are then provided a more comprehensive training detailing key points of the process within ten days of intake. Every probationer transferring into CSCCAP, regardless of how long the probationer has been incarcerated within VDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response.

- Per the CSCCAP Operation Compliance Manager, all probationers who were incarcerated within the VDOC prior to the initiation of PREA training were required to watch the PREA: What You Need to Know training video. All probationers subsequently received into the VDOC have been required to watch that same film during reception. Upon any transfer to another facility within the VDOC, probationers are again required to watch the PREA orientation video as part of the facility orientation program. The VDOC, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer. According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA point person.

- All PREA information is provided in several alternative formats to ensure probationers with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all probationers assigned to the VDOC, and more specifically, the CSCCAP. PREA brochures and informational posters are provided in both English and Spanish, the two most common languages spoken within the CSCCAP. PREA informational posters are available in large print for the visually impaired. The PREA Handbook is also printed in braille for the visually impaired. Translation services are available for probationers who don't speak English. As well, per CSCCAP Operation Compliance Manager, the agency will provide reasonable accommodations to all probationers in need of ADA accommodations, both physical and cognitive, so as to ensure said probationers have equal opportunity to benefit from the PREA provisions.

- In accordance to policy (OP 038.3), and confirmed by Intake Staff, at Intake, probationers are provided with a brief PREA overview. Within 10 days of Intake, probationers are then provided with a more comprehensive facility orientation, to include PREA training. The information received is documented on the Preventing Sexual Abuse and Assault Training Acknowledgement form, which is then acknowledged by signature by both the probationer receiving training and the staff member providing it.

- While probationers are provided personal copies of the VDOC Offender Orientation Handbook (available in English and Spanish) upon receipt into the VDOC system, upon request, they are also provided an additional copy of the Offender Orientation Handbook following their CSCCAP facility orientation. This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. Throughout the facility, as well as posted near all probationer phones, PREA informational posters are displayed in both English and Spanish. There are also posters providing the names and contact information for Rape Crisis Centers that provide recovery support services to incarcerated probationers.

Reasoning & Findings Statement:

This standard works to ensure that probationers are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. In speaking with probationers assigned to the CSCCAP, every single probationer stated that he was aware of PREA and its purpose within the facility. While probationers were collectively aware of the policy and their rights to varying degrees, all probationers interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the CSCCAP has demonstrated their compliance with the standards related to this provision.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 030.4, October 1, 2018 • Operating Procedure 030.4, Investigations Matrix, October 1, 2018 • Operating Procedure 350.2, June 1, 2018 • CSCCAP NIC Investigations Specialized Training Screen Shot • CSCCAP NIC Certificate of Completion, 11-9-20 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Administrative (Human Resources) Staff • Investigative Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Interviewed investigative staff regarding training • Interview Human Resource staff • Reviewed investigative training certifications • Reviewed agency training records documenting investigative training curriculums <p>Standard Subsections:</p>

- Per policy (OP 350.2), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.
- Per policy (OP 350.2), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.
- The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training certifications confirms that such documentation is maintained within agency files for all investigators currently utilized within the CSCCAP.
- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The VDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. CSCCAP investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that CSCCAP staff do receive specialized training in excess of the generalized training provided to all staff. As such, the CSCCAP meets the basic requirements of this standard.

115.235 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- Operating Procedure 701.1, March 1, 2018
- Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2020
- Operating Procedure 102.6, Staff Orientation, November 1, 2020
- NIC Medical and Mental Health Specialized Training Screen Shot
- CSCCAP Medical and Mental Health Specialized Training Roster

Interviews:

- Agency PREA Coordinator
- CSCCAP Operation Compliance Manager
- CSCCAP Facility Warden
- Administrative (Human Resources) Staff
- Medical/Mental Health Staff
- SANE/SAFE Staff

Site Review Observations:

- Review of facility training records
- Interview VDOC medical/mental health staff
- Interview SANE/SAFE staff

Standard Subsections:

- The CSCCAP provides medical and mental health services to incarcerated persons assigned to its facility. Policy (OP 701.1) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff and contractors shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource staff, CSCCAP medical/mental health staff, as well as with the SAFE/SANE Nurse Coordinator assigned to coordinate forensic medical services with the CSCCAP, all confirm that staff have received trainings as required. A review of agency training records documents staff participation in initial and/or continuing training requirements.
- In accordance agency policy, and verified through interviews with CSCCAP medical/mental health staff, medical staff at CSCCAP do not conduct forensic medical examinations. Rather, as confirmed by the contacted SAFE/SANE Nurse Coordinator, probationers are transported to a nearby public medical facility, Augusta Health, for such services.
- A review of training records reflects that of the 1 current Medical and Mental Health employee assigned to the CSCCAP, 100% have received specialized training appropriate for the professional role.
- As well, in accordance to their professional role, a review of training records reflects that medical and mental health practitioners have also received the generalize PREA training provided to all other staff, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The VDOC has policies in place to ensure all CSCCAP medical and mental health staff are furnished this training. CSCCAP medical and mental health administration confirmed that such staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Also, the contracted SAFE/SANE Nurse Coordinator confirmed that all persons conducting forensic medical exams are properly certified to perform said exams. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. As such, the CSCCAP meets the requirements of this standard.

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020
- Probationer Transfer History, August 2020-C
- Probationer Transfer History, August 2020-T
- Probationer Transfer History, February 2020-C
- Probationer Transfer History, February 2020-P
- Probationer Transfer History, January 2020-J
- Probationer Transfer History, January 2020-B
- Probationer Transfer History, July 2020-C
- Probationer Transfer History, July 2020-R
- Probationer Transfer History, June 2020-W
- Probationer Transfer History, March 2020-J
- Probationer Transfer History, March 2020-D
- Probationer Transfer History, November 2020-T
- Probationer Transfer History, November 2020-W
- Probationer Transfer History, September 2020-C
- Probationer Transfer History, September 2020-D
- Superintendent Hill, Memo Months Without Intakes
- Classification Assessment Detail Template – Spanish
- Classification Assessment Detail Template – English
- Operating Procedure 730.2, January 1, 2019

Interviews:

- Agency PREA Coordinator
- CSCCAP Operation Compliance Manager
- CSCCAP Facility Warden
- Intake Staff
- Medical and Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Probationers Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Probationers
- Limited English Proficient Probationers
- Random Probationers

Site Review Observations:

- Engaged in a mock PREA screening demonstration
- Reviewed probationer files

Standard Subsections:

- Policy (OP 940.4) requires that “facility staff must assess all offenders during reception for their risk of being sexually abused by other offenders or sexually abusive toward other offenders” The CSCCAP Intake staff affirm the facility’s adherence to agency policy. Specifically, all probationers received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that the probationers are received into the facility. A mock screening process was observed by the auditor.

- Policy (OP 940.4) requires that the screenings will be completed “within 72 hours of arrival at the facility.” In speaking with CSCCAP Intake staff, it was noted that said screenings take place immediately upon each probationer’s arrival to the facility. In accordance to agency policy, of the 237 probationers entering the facility (either through intake or transfer) within the past 12 months, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

- The PREA screening assessment is conducted using an objective screening instrument (Classification Assessment Details). A review of the twenty survey questions provided to probationers does not present with either an implicit bias or leading statements. The Classification Assessment Details form does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the mock screening demonstration.
- The Classification Assessment Details form does consider, at a minimum, if the probationer has a mental, physical, or developmental disability. It considers the age of the probationer, the probationer's physical build, whether the probationer has previously been incarcerated, whether the probationer's criminal history is exclusively nonviolent, whether the probationer has prior convictions for sex offenses against an adult or child, and whether the probationer has previously experienced sexual victimization. It should be noted that the VDOC does not detain probationers solely for immigration purposes. During probationer interviews, the majority of probationers stated that they had, in fact, been asked the aforementioned questions upon their receipt into the CSCCAP. As well, a significant number of probationers interviewed also affirmed that staff later asked them questions related to their sexual safety.
- In assessing probationers for their risk of being sexually abusive, the Classification Assessment Details form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a mock risk screening demonstration, the auditor also reviewed many Classification Assessment Details forms completed within the auditing time frame. All forms were filled out in their entirety, with probationers having generally provided relevant answers to each of the questions asked. It should further be noted that Intake and Screening staff confirmed that probationers may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.
- Policy (OP 940.4) requires that "within 21 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening." Within the audit time frame, 100% of the 187 probationers with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the CSCCAP. In speaking with CSCCAP Unit Management staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.
- Policy (OP 730.2) requires that "An inmate's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional

information that bears on the inmate's risk of sexual victimization or abusiveness." Both the CSCCAP Operation Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required.

- Policy (OP 940.4) expressly prohibits disciplinary sanctions against any probationer who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the Classification Assessment Interview. When interviewed, Intake and the Operation Compliance Manager affirmed that disciplinary sanctions were not imposed against probationers for refusing or failing to answer any of the questions on the PREA Assessment Form. As well, probationer interviews confirmed that said population was aware of their right not to answer related questions.

- Policy (OP 038.3) requires the agency to implement appropriate controls on the dissemination with the facility of responses to questions asked during the Classification Assessment Interview. Accordingly, all PREA screenings are provided a significant level of privacy. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to the Classification Assessment Details form, that facility staff must restrict the spread of information obtained as a function of the Classification Assessment Interview to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The Operation Complain Manager and other operative staff associated with the Classification Assessment Interview affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed Classification Assessment Details forms required authorized credentials in order to access said documents within the VDOC electronic data base.

Reasoning & Findings Statement:

This standard works to ensure probationers are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for an objective Classification Assessment Details form, which is administered and scored at the facility level as a simple fact assessment. Probationers are reassessed as required by policy, to include if new information is discovered by that might warrant changes in probationers' risk status. Interviews with facility screening staff, as well as with probationers, confirm that the proper screening tool is being utilized at the CSCCAP. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering Classification Assessment Details forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the CSCCAP has satisfied the requirements of this standard and is found to meet its expectations.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020 • Superintendent Hill, Memo No transgender, HRSV, or HRSA, 1-31-21 • Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, January 1, 2019 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Intermediate or Higher-Level Facility Staff • Intake Staff • Medical and Mental Health Staff • Staff Who Perform Screening for Risk of Victimization and Abusiveness • Random Staff • Probationers Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex • Disabled Probationers • Limited English Proficient Probationers <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Engaged in a mock PREA screening demonstration

- Reviewed probationer files
- Observed probationer housing and work assignments

Standard Subsections:

- Policy (OP 038.3) requires that the agency use information from the PREA Risk Screening Form to help separate probationers with a high risk of being sexually victimized from those probationers with a high risk of being sexually abusive. As such, the information gleaned from the Classification Assessment Form is used to inform probationer housing, bed, work, education, and program assignments. In speaking with Intake and Classification staff, as well as the CSCCAP Operation Compliance Manager, once a probationer is deemed as a possible high risk for sexual victimization, staff will ensure that the probationer at risk is not housed in a vulnerable location with respect to other probationers who are assessed at a high risk to sexually abuse other probationers. Facility documentation reflects this is an institutionalized process.
- Policy (OP 038.3) requires that the facility makes individualized determinations about how to ensure the safety of each probationer. In speaking with the CSCCAP Operation Compliance Manager and the CSCCAP Warden, staff affirmed that concerns for every probationer are reviewed on an individual basis. In speaking with probationers currently assigned to the CSCCAP, most stated that their own opinions regarding their personal safety are considered by CSCCAP staff when providing housing or job assignments. Probationers further stated that if their concerns for their own safety changed, they believed CSCCAP staff would take their concerns seriously.
- In deciding whether to assign a transgender or intersex probationer to a facility for male or female probationers, agency policy (OP 038.3) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the probationer's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex probationer to a specific housing or program assignment, agency policy (OP 038.3) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the probationer's health and safety and whether such a placement would present management or security problems. In speaking with the CSCCAP Operation Compliance Manager and the CSCCAP Warden, staff affirmed that a probationer's genital status is not the sole determining factor in placing transgender or intersex probationers in male or female facilities, or in placing said probationers within specific housing or program assignments within a facility.
- Agency policy (OP 038.3) requires that the placement and programming assignments of transgender or intersex probationers are reviewed at least every six months to examine any

possible safety concerns expressed by the probationer. When interviewed, CSCCAP Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the CSCCAP Operation Compliance Manager and housing staff, all transgender probationers confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

- Agency policy (OP 038.3) requires that upon the routine review of the placement and programming assignments of transgender or intersex probationers, the transgender or intersex probationer's own view with respect to his or her own safety shall be given serious consideration. When interviewed, CSCCAP staff and the CSCCAP Operation Compliance Manager affirmed that the facility strictly adheres to this policy. Additionally, during random and targeted interviews with probationers, most stated that they believed CSCCAP staff would consider their own views with respect to their own safety.
- Policy (OP 038.3) allows for transgender and intersex probationers to be given the opportunity to shower separately from other probationers. In speaking with CSCCAP random staff, the existence of alternative shower times for transgender and intersex probationers was affirmed. Specifically, CSCCAP correctional staff stated that upon notification from a transgender probationer, staff would then allow said probationer access to the shower area during Count Time, when the showers are otherwise closed to all probationers. This would be done to ensure transgender probationers are provided privacy in showering. However, the CSCCAP does not currently have any transgender probationers assigned to the CSCCAP.
- There aren't any correctional facilities within the VDOC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex probationers. As such, per the CSCCAP Operation Compliance Manager, LGBTI probationers shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the CSCCAP Operation Compliance Manager and the CSCCAP Warden, staff adamantly affirm that probationers who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. As well, of the random staff interviewed, all such staff affirmed that the CSCCAP does not house transgender, intersex, gay, or bisexual probationers in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect probationers who may be at high risk of being sexually victimized. The VDOC has numerous policies in place to ensure the most effective and secure use of the Classification Assessment Form. Probationers deemed to be at high risk are routinely monitored by the

CSCCAP Operational Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding probationer safety. Interviews with the CSCCAP Operation Compliance Manager reflect that facility staff have discretion in managing the safety of individual probationers. The CSCCAP Operation Compliance Manager, as well as all other CSCCAP staff, affirm their adherence to agency policies and also confirm that the probationer's own views regarding the probationer's own safety are given serious consideration specific to facility operations. Staff also affirm that transgender and intersex probationers would be given permitted alternative shower times to the general population. Additionally, transgender probationers would be reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and CSCCAP adheres to, the requirements of this standard.

115.251	Resident reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 801.6, Offender Services, December 1, 2019 • Operating Procedure 803.3, Offender Telephone Service, February 1, 2020 • Operating Procedure 866.2, Offender Complaints, Community Corrections, September 1, 2019 • MOU Renewal with Action Alliance 2016-2017 • MOU Renewal with Action Alliance 2015 • MOU Renewal with Action Alliance 2017 • MOU Renewal with Action Alliance 2019 • MOU Renewal with Action Alliance 2020 • MOU Renewal with Action Alliance 2018 • MOU with Action Alliance • MOU Renewal with Action Alliance 5-21 to 4-22 • Operating Procedure 038.1, Reporting Serious or Unusual Incidents • Superintendent Hill, No Reports of Sexual Abuse or Sexual Harassment, 2-23-2021 • CSCCAP PREA Investigation Log, 1-31-2021 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden 	

- Random Staff
- Probationers Who Disclosed Sexual Victimization During Risk Screening
- Probationers Who Reported Sexual Abuse
- Random Probationers

Site Review Observations:

- Reviewed documentation related to probationer reports of sexual abuse and sexual harassment.
- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Observed PREA Risk Screening assessments
- Engaged mock PREA screening process
- Observed informational posters throughout the facility advising probationers of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for probationer use within the facility Law Library

Standard Subsections:

- The agency provides multiple internal ways for probationers to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which probationers may report any subsequent retaliatory measures experienced by probationers as a result of having reported said abuse. Upon receipt onto the facility, all probationers are provided a PREA risk screening, via the Classification Assessment Form, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Probationers are subsequently given a more comprehensive probationer orientation within 10 days of their receipt into the facility. This orientation includes detailed training on the VDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Probationers are also provided with an VDOC Offender Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. In interviewing staff, all employees were aware of a probationer's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing probationers, all probationers were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of

retaliation for having reported said abuse. During random and targeted interviews, all probationers were able to articulate at least one manner by which a report could be made.

- As noted in policy (OP 866.2), the facility also provides multiple avenues and contact information for probationers to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Probationers are provided the phone numbers to an outside agency hot line, with calls to this agency being anonymous and without cost to the probationer. Probationers are provided the address to the primary reporting entity, the Virginia Sexual & Domestic Violence Action Alliance, which can receive and forward probationer reports to agency officials for their investigation. Upon a probationer's request, the Virginia Sexual & Domestic Violence Action Alliance will allow a probationer to remain anonymous. Per the facility PREA compliance manager, the VDOC does not detain probationers solely for civil immigration purposes. Nonetheless, information on how to contact relevant consular officials is available in the CSCCAP facility Law Library.

- Per policy (OP 038.3), staff will accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner by which they became aware of that information. In doing so, many staff stated that they would immediately document such reports, and all staff stated they would document the information, as soon as possible, following the allegations being presented to them. All probationers interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most probationers were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. The overwhelming majority of probationers interviewed stated that they believed CSCCAP staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

- Per policy (OP 038.3), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against probationers or staff for having reported such abuse. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This standard works to ensure probationers, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against probationers. The agency does have multiple avenues by which probationers may make formal reports, to include verbal, written, anonymous, and third-party reports. Probationers are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for

correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. Additionally, while probationers are not encouraged to utilize rape counseling support service centers as reporting avenues, they will also serve in this capacity if explicitly requested by the probationer. With this in mind, the auditor solicited probationer contact information from three rape counseling centers central to the CSCCAP. One of centers, Just Detention International, indicated that it did not receive any complaints of sexual abuse or sexual harassment from probationers assigned to the CSCCAP within the reporting time frame. The New Directors Center stated that it had not had any probationers contact it in order to seek counseling or make a report. The Virginia Sexual and Domestic Violence Action Alliance did not provide any response regarding probationer complaints from the CSCCAP. In interviewing correctional staff, all such persons were aware that probationers could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the probationer in question and the need to document the verbal complaint as soon as possible. In speaking with probationers, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All probationers understood their right to make verbal and written complaints. The majority of probationers understood their right to make anonymous and third-party complaints. As such, it is evident that the CSCCAP meets all aspects of this this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 866.2, Offender Complaints, Community Corrections, September 1, 2019 • Major Brown, Memo, Do Not Need to Submit PREA Grievances to Staff Subject to the Complaint, 2-15-21 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Superintendent Hill, Memo No Grievances Alleging Sexual Abuse/Harassment, 2-23-21 • Superintendent Hill, Memo No Third-Party Allegations of Sexual Abuse/Harassment, 2-23-21 • CSCCAP PREA Investigations Log, 1-31-21 • Superintendent Hill, Memo No Emergency Grievances for Sexual Abuse/Harassment, 2-23-21 • Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020 <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Facility Warden • CSCCAP Operation Compliance Manager • Investigative Staff • Random Probationers • Probationers Who Reported Sexual Abuse <p>Site Review Observations:</p>

- Reviewed grievances received within the 12 months of the audit time frame
- Reviewed probationer complaints received by Institution Investigator

Standard Subsections:

- The VDOC does have administrative procedures to address probationer grievances regarding sexual abuse.
- Policy (OP 038.3) does not allow for the imposition of time limits on grievances regarding allegations of sexual abuse. Furthermore, it does not require that probationers utilize an informal resolution process to resolve the issue with staff prior to filing their complaints.
- Policy (OP 038.3) permits probationers to submit grievances regarding allegations of sexual abuse and sexual harassment without having to first attempt a resolution to their complaint through the person with whom the complaint is against. As well, the complaint cannot be referred to the subject of that grievance.
- Policy (OP 038.3) requires that all grievances “receive a documented response without 30 days unless otherwise agreed.” In the past 12 months, the CSCCAP hasn’t received any grievances specific to alleged sexual abuse. The CSCCAP always notified a probationer in writing when the agency files for an extension, including a notice of the date by which a decision will be made.
- Policy (OP 038.3) permits probationers to submit third-party grievances regarding allegations of sexual abuse and sexual harassment. In this, fellow residents, staff members, family members, attorneys, and outside advocates are all permitted to file complaints on behalf of probationers. If the probationer does not wish for a third-party to file a grievance on his behalf, he must decline. Staff will then document this refusal. In the past 12 months, the CSCCAP has not received any third-party complaints.
- Policy (OP 866.2) establishes policy and procedures for filing an emergency grievance alleging that a probationer is subject to a substantial risk of imminent sexual abuse. The report shall document the institution’s finding as to whether the probationer is in substantial risk of imminent sexual abuse and the action taken. The probationer shall be notified of the initial response within forty-eight (48) hours of the receipt of the report. The documented final decision shall be made within five (5) calendar days of the initial report. Within the last 12 months, the CSCCAP has not had any grievances alleging a substantial risk of imminent

sexual abuse.

- Policy (OP 940.4, OP 866.2) allows agency authorities to discipline a probationer for submitting grievances regarding allegations of sexual abuse and sexual harassment if submitted in bad faith. Within the last 12 months, the CSCCAP has not had any grievances filed in bad faith.

Reasoning & Findings Statement:

This standard works to ensure probationer access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. Policy (OP 038.3) does not require probationers to submit sexual abuse grievances to the person subject to the complaint. Policy further requires said grievances to be acted upon within 48 hours of submission. A final decision must then be reached with 5 days of submission. While the CSCCAP has not received any such grievances within the last 12 months, the facility does have the mechanisms in place to process said grievances should they be received. Accordingly, the CSCCAP has meet the basic requirements of this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • MOU Renewal with Action Alliance 2016-2017 • MOU Renewal with Action Alliance 2015-2016 • MOU Renewal with Action Alliance 2017 • MOU Renewal with Action Alliance 2019 • MOU Renewal with Action Alliance 2020 • MOU Renewal with Action Alliance 2018 • MOU with Action Alliance • MOU Renewal with Action Alliance 5-21 to 4-22 • Emotional Support Poster • OP 038.3 • Zero Tolerance – Spanish 038.3_A1S • Zero Tolerance – Hearing Impaired 038.3_A1H • Zero Tolerance – English 038.3 A1E <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Medical and Mental Health Staff • SANE/SAFE Staff • Random Staff • Probationers Who Reported Sexual Abuse

- Random Probationers
- Just Detention International, 2-17-21
- VDOC Website Third Party Reporting Coordinator, 3-18-21

Site Review Observations:

- Reviewed PREA Risk Screening assessment and distributed information upon CSCCAP reception
- Observed informational posters throughout the facility advising probationers of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for probationer use within the facility Law Library
- Observed the informational posters for probationer general visitation and legal visit areas
- Observed visitation area designated for members of an approved victim advocate service
- Interviewed Mailroom staff specific to correspondence between victim advocate services and probationers

Standard Subsections:

- Policy (OP 038.3) requires that “the facility will inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” The CSCCAP Probationer Orientation Handbook provides contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, probationers are also provided the physical address to write for confidential emotional support services.
- Policy (OP 038.3) requires that “the facility will inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”
- The CSCCAP has negotiated a contract between itself and Action Alliance to help provide rape crisis support services as requested by probationers assigned to the CSCCAP.

The CSCCAP does maintain, and did supply, facility-based contracts for review.

Reasoning & Findings Statement:

This policy works to ensure that probationers assigned to the CSCCAP have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Probationers assigned to the CSCCAP are provided a phone number for free calls to an outside advocate for emotional support. As well, probationers are provided with the mailing address to said advocacy group. Probationers are further advised that calls to rape crisis centers are subject to monitoring. The CSCCAP has also secured a memorandum of understanding with a local rape crisis center for support services. When interviewed, all employees and probationers knew that the agency provided free emotional support services to probationers upon request. As well, most probationers knew that they could initiate access to those services by contacting the rape crisis center using the information posted on the PREA awareness posters predominately displayed throughout the facility. As such, the CSCCAP has met the minimum standards of this provision.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • VDOC Agency Website • Third Party Reporting Form – Spanish • Third Party Reporting Form - English • VDOC Contact Us Screenshot • Break the Silence Visitor Posters <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Investigative Staff • External Reporting Entities • Random Probationers • Just Detention International, 2-17-21 • VDOC Website Third Party Reporting Coordinator, 3-18-21 <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review VDOC website specific to PREA and third-party reporting methods • Tested VDOC online third-party reporting system • Observed the Probationer Visitation Area informational posters

- Observed informational postings and other publications throughout the probationer housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

- Policy (OP 038.3) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged probationers to report third-party if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by probationer family and friends via the facility's Probationer Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. During the current audit cycle, the CSCCAP has not received any third-party reports regarding sexual abuse or sexual harassment. As such, documentation demonstrating a third-party report was not available for review. However, to verify the system was operational, the auditor submitted a test email to the agency's online reporting address. A response was received back from the agency within one business day. All staff interviewed confirmed that the CSCCAP would accept third-party reports of sexual abuse. As well, most probationers interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon probationers. In accordance to policy (OP 038.3), the CSCCAP promotes the use of third-party reporting via informational posters spread out across the facility, to include the Probationer Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the VDOC site, all electronic links were tested and found to be operating as required. To ensure the functionality of the VDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the probationer PREA training video also provide probationers with the agency telephone number, physical addresses, and electronic contact methods. While probationers themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Probationers themselves are provided both state and outside advocacy addresses to submit third-party correspondence. As well, probationers may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from probationer advocates. The majority of probationers were also aware of their right to file a third-party complaint on behalf of another probationer. As the concept of third-party reporting is clearly

institutionalized across staff and probationer cultures, the CSCCAP has meet the provisions of this standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Operating Procedure 038.1, Reporting Serious or Unusual Incidents • Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, January 1, 2019 • Superintendent Hill, No Reports Sexual Abuse/Harassment Made to Medical, 2-23-21 • Superintendent Hill, No Allegations Report to Department of Social Service, 2-23-21 • Superintendent Hill, No Allegations Reported Anonymously or Third Party, 2-23-21 • CSCCAP PREA Investigations, 2020 • Operating Procedure 801.6, Offender Services, December 1, 2019 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Investigative Staff • Medical/Mental Health Staff • Random Staff • Random Probationers <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Employee training records

- Staff Interviews
- Probationer Interviews

Standard Subsections:

- Policy (OP 038.3) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against probationers or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of random employee training records, as well as training curriculum records and an affirmation from the CSCCAP Operation Compliance Manager, reflects that all CSCCAP staff had received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.
- Policy (OP 038.3) requires that all staff “must immediately report to their supervisor, or the OIC any knowledge, suspicion, or information” on incidents related to sexual abuse and harassment. In this, employees are cautioned to share reported information only with authorized staff. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the CSCCAP Operation Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.
- Policy (OP 038.3) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for medical staff to inform probationers (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.
- All probationers incarcerated within the CSCCAP are legally classified as adults. As such, there aren’t any juveniles assigned to this facility. However, per policy (OP 730.2), the facility may still have persons classified as vulnerable adults. A vulnerable adult is a person who has been identified as having an intellectual and/or developmental disability. If a probationer is considered a vulnerable adult, the facility must forward reports of prior sexual victimization to the SIU division.

- Policy (OP 038.3) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the CSCCAP Facility Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing CSCCAP medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. In this, CSCCAP staff have exceeded in their demonstrated awareness of the provisions established within this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 <p>Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, January 1, 2019</p> <p>Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020</p> <ul style="list-style-type: none"> · Superintendent Hill, No Substantial Risk of Sexual Abuse, 2-23-21 <p>CSCCAP PREA Investigations, 2020</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Designated Staff Member Charged with Monitoring Retaliation • Incident Review Team Member • Intermediate or Higher-Level Facility Staff • Investigative Staff • Intake Staff • Staff Who Perform Screening for Risk of Victimization and Abusiveness • Medical and Mental Health Staff • Random Staff • Probationers Who Reported Sexual Abuse • Random Probationers <p>Site Review Observations:</p>

- Review of probationer protection forms
- Review of retaliation monitoring documentation

Standard Subsections:

- Per policy (OP 038.3, OP 730.2, OP 940.4), when the CSCCAP learns that an probationer is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the probationer. In speaking with the CSCCAP Operation Compliance Manager, CSCCAP Facility Warden, CSCCAP Unit Managers, and random staff, a plethora of possible options were discussed specific to probationer protection measures. As the CSCCAP did not find any evidence within the audit time frame that any probationers assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.

Reasoning & Findings Statement:

This standard works to actualize the processes of probationer protection. Agency policy (OP 038.3, OP 730.2, OP 940.4) requires staff to take immediate action to ensure the safety of all probationers who are at a high risk of sexual victimization. Provided there are no other alternative options available to ensure the probationer's safety, policy (OP 940.4) further allows the facility to immediately increase the safety of the at-risk probationer by recommending housing interventions or other immediate action to protect the offender. During the audit time frame, the CSCCAP did not received any reports from probationers who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if a probationer presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the probationer. Hence, the CSCCAP has exceedingly realized the provisions of this standard.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 · Superintendent Hill, No External Reports of Abuse, 2-23-21 · Operating Procedure 030.4, October 1, 2018 · Superintendent Hill, No Internal Reports of Abuse, 2-23-21 · CSCCAP PREA Investigations, 2020 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • CSCCAP Facility Warden • CSCCAP Operation Compliance Manager <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of facility-to-facility referrals <p>Standard Subsections:</p> <ul style="list-style-type: none"> • VDOC policy (OP 038.3) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide written notice of these allegations to the facility head of the destination facility within 72 hours. A review of documents for the past twelve months reflects that there were zero such referrals made by the CSCCAP and one referral made to the CSCCAP. • Per VDOC policy (OP 038.3), written notice of the aforementioned allegations must be

provided as soon as possible, but not more than 72 hours after learning of the allegations. The CSCCAP Warden confirmed that all notices would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours. As well, the one notice received by the Warden's Office within the past twelve months had been sent to CSCCAP within 72 hours of a probationer presenting allegations of sexual abuse and/or sexual harassment to agency staff. Documentation was reviewed to verify that the referral was made within 72 hours of facility awareness.

- Per policy (OP 038.3), the CSCCAP must document this notification.
- Upon receipt of said allegations, policy (OP 038.3, OP 030.4) requires that the Warden of the destination facility must then process these allegations in accordance to standard protocol.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of probationer allegations involving sexual abuse and sexual harassment. Within the last 12 months, the CSCCAP has received one incoming allegations of sexual abuse and sexual harassment from probationers who reported such. Within the last 12 months, the CSCCAP hasn't received any allegations of sexual abuse or sexual harassment from probationers who reported said allegations once they were reassigned to the CSCCAP. A review of the incoming notification was made to ensure time compliance, specifically that the notification was made within 72 hours of agency staff learning about the alleged abuse. Additionally, agency policy, staff comments, and collaborative documentation all reflect that the CSCCAP has satisfied the provisions of this standard.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 030.4, October 1, 2018 · Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 <p>Operating Procedure 075.1, March 1, 2018</p> <ul style="list-style-type: none"> · Superintendent Hill, No Sexual Assault Response Checklist Needed, 2-9-21 · Sexual Assault Response Checklist Form <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Investigative Staff • Intermediate or Higher-Level Facility Staff • Random Staff • First Responders • Probationers Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of employee training records • Review of investigator narrative case files • CSCCAP staff interviews • CSCCAP probationer interviews

Standard Subsections:

- Policy (OP 075.1) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that a probationer has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing CSCCAP security first-responders, the actions taken were consistent with policy. Within the past twelve months, CSCCAP has received 2 allegations from probationers who claim to have been victims of sexual abuse. However, of these instances, the reports were received after the time period that would have still allowed for the collection of physical evidence.

- Policy (OP 075.1) requires that non-security first responders contain and assess the situation, notify their immediate supervisor or the security shift supervisor, instruct the victim not to take any action that could destroy physical evidence, and report the specific details, in writing, to the security shift supervisor as soon as possible, and no later than the end of the day. Of the 2 reported allegations, both were received past the allowable time limit for the collection of evidence. Accordingly, there was no reason to ask that the victim not do anything that could destroy possible evidence.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to probationer allegations of sexual abuse and sexual harassment. While the CSCCAP has not been the first responder to either of the two allegations received within the past 12 months, staff have nonetheless been able to demonstrate their understanding of policy. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. The majority of staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curriculums reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Sexual Assault Response Checklist Form <p>CSCCAP PREA Management Plan 2020</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Designated Staff Member Charged with Monitoring Retaliation • Incident Review Team Member • Intermediate or Higher-Level Facility Staff • Investigative Staff • Medical and Mental Health Staff • SANE/SAFE Staff • Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of agency policies • Review of departmental level facility processes <p>Standard Subsections:</p>

- The CSCCAP has developed a written institutional plan; namely, CSCCAP PREA Management Plan 2020, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the CSCCAP implemented a unit-based policy (CSCCAP PREA Management Plan 2020) that details the coordinated response plan to an incident of probationer sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the manner in which those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As well, during probationer interviews, many were able to articulate the responsibilities of responding staff; thus, demonstrating this process has been institutionalized within the facility. As such, the CSCCAP has met all of the provisions within this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • VDOC Collective Bargaining, 4-22-13 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency Contract Administrator • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Administrative (Human Resources) Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Reviewed state codes <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Per state law, government organizations are prohibited from recognizing labor unions or other employee associations as legitimate bargaining units. • The auditor is not required to audit this provision. <p>Reasoning & Findings Statement:</p>

This provision allows the agency to protect probationers from having contact with sexual abusers and sexual harassers. Per state law, government organizations are prohibited from recognizing labor unions or other employee associations as legitimate bargaining units. In speaking with the facility investigator, the CSCCAP Warden, and agency Human Resource staff, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the VDOC; more specifically, the CSCCAP unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the CSCCAP has satisfactorily met all provisions within this standard.

115.267	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 <p>Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019</p> <p>Retaliation Monitoring Form – Inmates</p> <p>Retaliation Monitoring Form - Staff</p> <ul style="list-style-type: none"> · Superintendent Hill, No Protective Measures, 2-23-21 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Institutional Investigator • Designated Staff Member Charged with Monitoring Retaliation • Random Staff • Random Probationers • Probationers Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Reviewed retaliation monitoring log (staff/probationer) <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 038.3, OP 135.2) prohibits retaliation for reporting sexual abuse or sexual 	

harassment and for cooperating with a sexual abuse and sexual harassment investigations. In accordance to these policies, the CSCCAP has designed an individual to monitor for retaliation resulting from cases of sexual harassment.

- Per policy (OP 135.2), all persons who report sexual abuse and/or sexual harassment “will be protected from retaliation by other offenders or staff.”

- Per policy (OP 038.3), for a minimum of three (3) months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of:
 - A probationer who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
 - A probationer who was reported to have suffered sexual abuse or sexual harassment; and
 - An employee who reported an incident of sexual abuse or sexual harassment of a probationer.
 - Monitoring staff shall employ multiple protection measures to prevent probationer retaliation, such as reviewing probationer disciplinary, housing changes, job changes, and program changes.
 - Monitoring staff shall employ multiple protection measures to prevent staff retaliation, such as negative performance reviews for staff and the reassignment of staff.
 - Monitoring shall go beyond 90 days if the initial monitoring indicates a continuing need.
 - Within the past twelve months, the CSCCAP has not had a reported incident of retaliation.

- Per policy (OP 038.3), in the case of probationers, such monitoring shall also include periodic in-person status checks.

- Per policy (OP 038.3), if any other individual (staff, volunteer, contractor, probationer, adolescent probationer, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and probationers for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. VDOC policy (OP 038.3) provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with probationers, none noted that they had ever experienced retaliation for participating in a PREA related facility investigation. Both the CSCCAP Operation Compliance Manager and the CSCCAP Facility Investigator provided detailed explanations of the monitoring process. The auditor also observed the monitoring system currently in place at the CSCCAP. Given the totality of the policies provided, staff knowledge regarding the process, and a demonstration of the CSCCAP monitoring process, the CSCCAP has satisfied the basic provisions of this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 030.4, Special Investigations Unit, October 1, 2018 • Superintendent Hill, SIU Referrals, 2-9-21 • Superintendent Hill, No Allegations of Sexual Abuse/Harassment, 2-23-21 • CSCCAP Investigator NIC Specialized PREA Training Certificate, 11-9-20 • VDOC Investigations Specialized Training, Module 1 • VDOC Investigations Specialized Training, Module 2 • VDOC Investigations Specialized Agenda, 2-11-13 • NIC Investigations Specialized Training Screen Shot • Investigations Matrix, 8-17-18 • SIU Specialized Training Certificates 2018 • Superintendent Hill, SIU No Cases Referred for Prosecution, 1-31-21 • CSCCAP Investigation Log <p>Operating Procedure 038.1, Reporting Serious or Unusual Incidents</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Investigative Staff • Probationers Who Reported Sexual Abuse <p>Site Review Observations:</p>

- Review of case files
- Interviewed investigative staff regarding training
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

- Policy (OP 030.4) requires that when the institution conducts its own investigation into allegations of sexual abuse and sexual harassment, it shall do so “promptly, thoroughly, and objectively for all allegations, including third-party and anonymously.”
- Policy (OP 038.1) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the CSCCAP Operation Compliance Manager and the CSCCAP Facility Investigator, said staff confirmed participation in numerous related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums, employee training certifications, as well as completed training rosters, provided additional documentation to support facility compliance.
- Per policy (OP 038.3), facility investigators and/or the CSCCAP Operation Compliance Manager gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy (OP 038.3) allows that facility investigators and/or the CSCCAP Operation Compliance Manager will interview alleged victims, suspected perpetrators, and witnesses. Facility investigators and/or the CSCCAP Operation Compliance Manager are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator.
- Policy (OP 030.4) allows compel interviews only after consulting with the SIU to determine if compelled interviews may be problematic for subsequent judicial hearings, if deemed appropriate.
- Policy (OP 030.4) requires that the credibility of an alleged victim, suspect, or witness will assess on an individual basis and not on the basis of that individual's status as a probationer or staff member. Policy (OP 030.4) further prohibits the use of a polygraph test or other truth-telling device as a condition of investigating allegations of sexual abuse or sexual harassment.

- Policy (OP 030.4) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence and testimonial evidence, the reasoning behind credible assessments, as well as investigative facts and findings. A review of files maintained by the CSCCAP Operation Compliance Manager provided a detailed written report of both the allegations and the subsequent investigation.

- Policy (OP 030.4) requires that all criminal investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of files maintained by the Facility Investigator provided detailed written reports of both the allegations and the subsequent investigation.

- As noted by the Facility Investigator, and required by policy (OP 030.4), all substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- Policy (Record Retention Schedule, 2014) requires that all VDOC Special Investigation Case Files, to include all sexual abuse and sexual harassment investigations, are retained “10 years after probationer has reached final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency.” After that time period, the documents may be shredded or otherwise deleted. It should further be noted that all criminal investigation files maintained by the OSHP are held indefinitely at the OSP Central Records Unit at the OSHP’s General Headquarters.

- Policy (OP 030.4) mandates that the departure of the alleged abuser or victim from the employment or control of the institution or the VDOC does not provide a basis for terminating an investigation.

- The auditor is not required to audit this provision.

- Policy (OP 030.4) requires facility staff to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the CSCCAP Operation Compliance Manager and the CSCCAP Facility Investigator, it was noted that SIU works closely with facility staff in investigating allegations of sexual abuse or sexual harassment. All parties work to facilitate communication between agency staff and the SIU department, thus ensuring that VDOC facility staff remain informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

The Special Investigations Unit (SIU) operates as the law enforcement branch inside of the VDOC. As such, the VDOC conducts its own administrative investigations via agency staff and allows the SIU to conduct all criminal investigations for allegations of sexual abuse. To work as a criminal investigator within the VDOC, personnel must have law enforcement credentials. As well, to perform administrative investigations, VDOC staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. SIU staff do have the authority to investigate criminal cases within the VDOC, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. SIU officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, SIU officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with VDOC staff, SIU officers and VDOC staff collaboratively work to facilitate communication between the two agencies.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="252 248 523 282">Auditor Discussion</p> <hr/> <p data-bbox="252 327 411 360">Documents:</p> <ul data-bbox="252 472 1473 667" style="list-style-type: none"> <li data-bbox="252 472 1473 551">· Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 <li data-bbox="252 589 1414 622">Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020 <li data-bbox="252 629 1390 663">· Superintendent Hill, No Higher Standard than Preponderance of Evidence 1-1-20 <p data-bbox="252 779 395 813">Interviews:</p> <ul data-bbox="252 925 879 1111" style="list-style-type: none"> <li data-bbox="252 925 663 958">• CSCCAP Facility Warden <li data-bbox="252 996 879 1030">• CSCCAP Operation Compliance Manager <li data-bbox="252 1068 568 1102">• Investigative Staff <p data-bbox="252 1216 595 1249">Site Review Observations:</p> <ul data-bbox="252 1361 595 1395" style="list-style-type: none"> <li data-bbox="252 1361 595 1395">• Review of case files <p data-bbox="252 1507 547 1541">Standard Subsections:</p> <ul data-bbox="252 1659 1473 1951" style="list-style-type: none"> <li data-bbox="252 1659 1473 1951">• Policy (OP 135.2) requires that “a preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.” In this, policy clearly establishes the standard of proof required to substantiate claims of sexual abuse and sexual harassment. Specifically, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence. For substantiated claims, this simply means that the weight of the evidence must suggest that the allegations are more likely to be true than not true. <p data-bbox="252 2063 691 2096">Reasoning & Findings Statement:</p>

Agency policy requires that the VDOC establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the CSCCAP Operation Compliance Manager and the CSCCAP Institutional Investigator both confirmed that standard of proof to be slightly more than half. An onsite review of case files that included substantiate, unsubstantiate, and unfounded dispositions reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. As such, the CSCCAP has satisfied all material provisions for this standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 030.4, Special Investigations Unit, October 1, 2018 • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • Superintendent Hill, Notification Letters Not Sent, 2-19-21 • CSCCAP Investigation Log, 2020-2021 <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Designated Staff Member Charged with Monitoring Retaliation • Investigative Staff • Probationers Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of case files <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 038.3) requires that the VDOC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated. Following an investigation into a probationer's allegation that he/she suffered sexual abuse in an institution, the institutional investigator shall inform the probationer as to whether the allegation has been determined to be substantiated, unsubstantiated, or

unfounded.

- Policy (OP 038.3) further requires that if the VDOC did not conduct the investigation, it shall request the relevant information from the SIU in order to inform the probationer.

- Policy (OP 038.3) requires that when a probationer has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the probationer upon the following:
 - The staff member is no longer posted within the probationer's unit;
 - The staff member is no longer employed at the facility;
 - The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
 - The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

- Policy (OP 038.3) requires that when a probationer has filed allegations of sexual abuse against another probationer, the agency must notify the probationer whenever the alleged abuser has been:
 - Indicted on a charge related to sexual abuse within the facility and
 - Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

- Policy (OP 038.3) requires that the agency issue in writing all notifications or attempted notifications regarding disposition to probationer allegations of sexual abuse and/or sexual harassment. Interviews with the CSCCAP Operation Compliance Manager and the CSCCAP Facility Investigator confirm adherence to said policy. As well, a review of documented notifications support said adherence.

- Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires VDOC staff to provide probationers with dispositions for all claims of sexual abuse and sexual harassment. The VDOC conducts all administrative sexual

abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by the SIU, agency staff do remain actively engaged in those investigations. Agency policy provides that all probationers who have filed a previous sexual abuse and sexual harassment claims against agency staff or other probationers, receives notification upon a change in housing status for the probationer or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the previous 12 months, CSCCAP staff have not provided a notification of the investigations' disposition. As such, the CSCCAP is operating in accordance to all parts of this provision.

115.276	Disciplinary sanctions for staff
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 411 360">Documents:</p> <ul data-bbox="252 472 1473 763" style="list-style-type: none"> <li data-bbox="252 472 1473 551">· Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 <li data-bbox="252 584 999 618">· Superintendent Hill, No Staff Disciplinarys, 2-23-21 <li data-bbox="252 663 866 696">· Operating Procedure 135.1, July 1, 2018 <li data-bbox="252 741 260 763">· <p data-bbox="252 887 395 920">Interviews:</p> <ul data-bbox="252 1032 882 1290" style="list-style-type: none"> <li data-bbox="252 1032 882 1066">• CSCCAP Operation Compliance Manager <li data-bbox="252 1111 667 1144">• CSCCAP Facility Warden <li data-bbox="252 1189 571 1223">• Investigative Staff <li data-bbox="252 1256 520 1290">• Random Staff <p data-bbox="252 1402 595 1435">Site Review Observations:</p> <ul data-bbox="252 1547 595 1581" style="list-style-type: none"> <li data-bbox="252 1547 595 1581">• Review of case files <p data-bbox="252 1693 547 1727">Standard Subsections:</p> <ul data-bbox="252 1839 1473 2085" style="list-style-type: none"> <li data-bbox="252 1839 1473 2085">• Policy (OP 135.2) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating VDOC sexual misconduct policies.” Interviews with the CSCCAP Operation Compliance Manager, CSCCAP Facility Warden, and the CSCCAP Facility Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

- Policy (OP 135.2) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of a probationer.
- Policy (OP 135.2) stipulates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the CSCCAP Operation Compliance Manager, CSCCAP Facility Warden, and the CSCCAP Facility Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. In the past twelve months, there haven't been any employees assigned to the CSCCAP who have engaged in any acts of sexual abuse or sexual harassment.
- Policy (OP 135.2) notes that law enforcement officials will be notified of all instances of potential criminal sexual offenses. The VDOC shall aid in the prosecution of any criminal charges to the fullest extent possible. All terminations for violations of agency sexual misconduct policies shall be reported to VDOC legal services by the managing officer for notification to any licensing bodies. In the past twelve months, the CSCCAP has not had any staff who have been disciplined, short of termination, for any violation of agency sexual abuse or sexual harassment policies.

Reasoning & Findings Statement:

These standards work to ensure agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Virginia has made the consequences of engaging in such behavior exceptionally clear. It should also be noted that over the past 12 months, there haven't been any staff members assigned to the CSCCAP who have violated agency sexual abuse or sexual harassment policies. As such, no staff have been terminated, disciplined, or reported to law enforcement agencies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. As such, the VDOC, as well as CSCCAP administration, has satisfied the provisions of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 027.1, Volunteer and Internship Programs, May 1, 2020 <p>Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019</p> <ul style="list-style-type: none"> · Superintendent Hill, No Contractor or Volunteer Allegations, 2-23-21 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Contract Administrator • CSCCAP Facility Warden • Investigative Staff • Administrative (Human Resources) Staff • Contractors Who May Have Contact with Probationers <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review contractor/volunteer files <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 027.1) advises contractors and volunteers that “any intern who engages in sexual abuse will be banned, prohibited from contact with offenders, and will be reported to relevant licensing bodies and reported to law enforcement agencies, unless the activity was clearly not criminal.” Policy (OP 027.1) further notes that “in the event of any other violation of DOC sexual abuse or sexual harassment policies by an intern, the facility will take appropriate remedial measures and will consider prohibiting further contact with offenders.” Due to COVID, there weren’t any volunteers on the facility for interview; however, interviews with contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.

- Policy (OP 135.2) states that “the DOC will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer.” Interviews with contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.

Reasoning & Findings Statement:

Policy expressly states that contractors and volunteers who engage in sexual abuse with probationers will be removed from contact with probationers pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Over the past twelve months, the CSCCAP has not had any contractors or volunteers engage in sexual abuse or harassment of any probationer. At the time of the onsite review, due to the COVID pandemic, there weren’t any volunteers present on the facility. However, during the CSCCAP contractor interviews, both the prohibition against sexual abuse and sexual harassment of probationers, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and CSCCAP is in compliance with such.

115.278	Disciplinary sanctions for residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 866.1, Offender Grievance Procedure, April 1, 2016 · Operating Procedure 940.4, Community Corrections Alternative Program, August 1, 2020 · Superintendent Hill, No Inmate Disciplined, 2-23-21 <p>Operating Procedure 820.2, March 1, 2017 Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019</p> <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Facility Warden • CSCCAP Operation Compliance Manager • Investigative Staff • Medical/Mental Health Staff • Random Staff • Random Probationers <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of probationer disciplinary files <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 940.4, OP 866.1, OP 038.3) provides the standards associated with all disciplinary hearings, to includes hearings related to probationer-on-probationer sexual abuse/sexual harassment. Policy (OP 940.4, OP 866.1, OP 038.3) further notes that following an administrative finding that a probationer engaged in probationer-on-probationer sexual 	

abuse, said probationer is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the past twelve months, the CSCCAP has not had any administrative findings of probationer-on-probationer sexual abuse and no criminal findings of probationer-on-probationer sexual abuse.

- Policy (OP 940.4, OP 866.1, OP 038.3) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the probationer's disciplinary history, and the sanctions imposed for comparable offenses by other probationers with similar histories. As well, sanctions consider aggravating and mitigating factors.

- When determining a probationer's disciplinary sanctions, policy (OP 940.4, OP 866.1, OP 038.3) does consider how a probationer's mental disabilities or mental illness contributed to his behavior.

- Per policy (OP 940.4, OP 866.1, OP 038.3), all probationers found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex probationer services.

- Per policy (OP 940.4), "the facility may discipline an offender for sexual contact with staff only upon finding that the staff member did not consent to such contact."

- Per policy (OP 038.3), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations.

- Per policy (OP 038.3), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and probationer-on-probationer sexual abuse, which is defined as when one or more probationers engage in sexual conduct, including sexual contact, with another probationer against his or her will or by use of force, threats, intimidation, or other coercive actions.

Reasoning & Findings Statement:

The probationer disciplinary process is a formal means to address institutional misconduct. The CSCCAP uses a progressive disciplinary system, which allows for the consideration of aggravating and mitigating factors. Within the last 12 months, the CSCCAP has not processed

any administrative findings of guilt for probationer-on-probationer sexual abuse and no criminal findings of guilt regarding probationer-on-probationer sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and probationer comments, CSCCAP is compliant with disciplinary standards as required under this provision.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 720.4, Co-Payment for Health Care Services, January 1, 2021 · Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, January 1, 2019 · Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2020 · Superintendent Hill, No Offender Allegations in a Timely Manner to Investigate, 2-23-21 <p>Operating Procedure 075.1, March 1, 2018</p> <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Operation Compliance Manager • Medical and Mental Health Staff • SANE/SAFE Staff • Security Staff and/or Non-Security Staff Who Have Acted as First Responders • Random Staff • Probationers Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Observed Medical Department • Review of Medical/Mental Health Screening Form <p>Standard Subsections:</p> <ul style="list-style-type: none"> • In accordance to policy (OP 038.3, OP 720.7), once an allegation of sexual abuse has

been made, staff must “ensure that the victim is immediately escorted to the facility’s medical unit area for examination, treatment, and evaluation.” In interviewing medical and mental health staff, said staff confirmed the ability to treat probationers in accordance to their professional medical judgement. It was further noted by medical and/or mental health staff, and confirmed within policy (OP 720.7), that if necessary, the inmate will be transported to the Emergency Department (ED) for examination, treatment, and counseling.

- Policy (OP 038.3) requires that if there isn’t a qualified medical practitioner on duty at the time a report of recent sexual abuse is made, security staff first responders should take preliminary steps to protect the inmate. In speaking with medical and mental health staff, 24-hour availability of qualified medical and mental health practitioners was affirmed, either by staff assigned to the facility or those contracted to work at the local hospital. Additionally, staffing requirements, and subsequent scheduling documentation, confirms the continuous availability of qualified medical and mental health staff. Lastly, during interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations.
- Policy (OP 720.7) requires that “offender victims of sexual abuse while incarcerated will be 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.” In speaking with medical staff, adherence to this policy was confirmed. The probationer who had previously made allegations of sexual abuse also confirmed that he had received medical treatment in a timely manner.
- Policy (OP 720.7) notes that “if evidentiary or medically appropriate, offender victims of sexual assault are referred under appropriate security provisions to an outside facility for treatment and gathering of evidence.... There will be no financial cost to the offender victim for this examination.” In speaking with medical staff, adherence to this policy was confirmed. Additionally, probationers who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

Reasoning & Findings Statement:

This standard is designed to provide probationers access to emergency medical and mental health services. In this, facility staff are meeting all of the provisions within this standard. Policy (OP 038.3, OP 720.7) allows that upon receipt of a probationer into the Medical Department, medical staff shall determine the probationer’s course of treatment; specifically, what is medically indicated on the basis of evidence collection or physical trauma. Probationer interviews further acknowledge that probationers are provided appropriate medical/mental health treatment. Lastly, documentation reflecting access to medical and mental health care was reviewed. In reviewing the totality of the information provided, the CSCCAP has met the

minimums provisions of this standard via emergency (24-hour) access to qualified medical staff.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2020 · Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, January 1, 2019 · Superintendent Hill, No Ongoing Medical and Mental Health Services Provided, 2-23-21 · Superintendent Hill, No Timely Manner of Reporting, 2-23-21 <p>Interviews:</p> <ul style="list-style-type: none"> • CSCCAP Operation Compliance Manager • Medical/Mental Health Staff • Probationer Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Observed Medical Department • Review of Medical/Mental Health PREA Screening Form <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 720.7, OP 730.2) requires that all allegations of sexual assault must be evaluated immediately by facility health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any probationer who claimed to have been a victim of sexual abuse. In speaking with probationers who were

receiving mental health treatment services at the time of facility transfer, they confirmed that upon said transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

- In reviewing a collection of mental health policies, it is evident that the VDOC offers continuing mental health services to probationers throughout their assignment to the VDOC and even upon their release from the agency. Specifically, policy (OP 720.7) requires that “the facility will offer medical and mental health evaluation as, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such offender victims will include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”

- Policy (OP 720.7) dictates that “the facility will provide such offender victims with medical and mental health services consistent with the community level of care.” In speaking with medical and mental health staff, it was noted that all victims of sexual abuse shall 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.

- At the time of the audit, CSCCAP did not have any biological females incarcerated at the facility. Accordingly, pregnancy tests are not medically appropriate.

- At the time of the audit, CSCCAP did not have any biological females incarcerated at the facility. Accordingly, pregnancy services are not medically appropriate.

- Policy (OP 720.7) requires that when medically appropriate, “offender victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections.” In speaking with both medical staff and the probationer who had previously alleged sexual abuse, agency adherence to this policy was confirmed.

- Policy (OP 720.7) notes that “all victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The service shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident.” In speaking with medical staff, adherence to this policy was confirmed. Additionally, probationers who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

- Policy (OP 730.2) requires that mental health services attempt to conduct an evaluation on all known “abusers within 60 calendar days of learning of such history and offer treatment when deemed appropriate.” In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all probationers, known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The CSCCAP offers qualified and coordinated medical and mental health care regardless of a probationer’s ability to pay for said services. As appropriate, probationers are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, access to said treatment follows the probationer throughout the VDOC system and can be coordinated with community care upon the probationer’s release from the VDOC. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that probationers receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the CSCCAP Medical and Mental Health Department has collectively exceeded the provisions of this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · Operating Procedure 038.1, Reporting Serious or Unusual Incidents · Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 · Probationer Incident Review, 2-3-21 · Superintendent Hill, No Cases of Sexual Abuse or Sexual Harassment, 2-23-21 · Probationer Incident Review, 2-3-21 <p>CSCCAP Investigation Log, 2020-2021</p> <ul style="list-style-type: none"> · PREA Report of Incident Review · Probationer Incident Review, 2-3-21 · Probationer Incident Review, 2-3-21a <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Incident Review Team Member <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Reviewed Incident Review documents <p>Standard Subsections:</p>

- Policy (OP 038.3) requires that the agency, but more specifically that the CSCCAP, “collects accurate, uniform data on every allegations of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” In the past twelve months, the CSCCAP had two criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. As such, the CSCCAP has conducted two sexual incident reviews. In speaking with the CSCCAP Operation Compliance Manager, the CSCCAP Warden, and the CSCCAP Facility Investigator, each person explained their role within the incident review process.

- Policy (OP 038.3) mandates that “sexual abuse incident reviews must be completed within 14 calendar days of completion of the investigation and will be documented.” In the past twelve months, the CSCCAP has concluded two such investigations. A review of related documentation confirmed that the incident review process did occur within 14 days following the conclusion of the investigation.

- Policy (OP 038.1) requires that “the Review Team shall consist of at least one:
 - Administrative Duty Officer
 - PREA Compliance Manager
 - Line Supervisors,
 - Investigators
 - Medical Practitioners
 - Mental Health Practitioners

- Policy (OP 038.1) requires that the Review Team should consider:
 - What happened?
 - Where did it happen?
 - Who was involved?
 - How did it happen?
 - When did it happen?
 - What was the response?
 - Why did it happen?

- In completing the incident review report, policy (OP 038.1) requires staff to “develop an

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

Reasoning & Findings Statement:

Within the past 12 months, CSCCAP has conducted two criminal and/or administrative investigations of alleged sexual abuse/sexual harassment completed at the facility, excluding only unfounded incidents. As such, there were two corresponding sexual incident reviews. Documentation relative to these reviews was examined to ensure that the SART consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D, an incident review report was completed with appropriate subsequent action taken, and that these reviews were conducted within 14 days of the incident. In speaking with the CSCCAP Operation Compliance Manager, the CSCCAP Warden, and the CSCCAP Facility Investigator, each person explained their role within the incident review process. Additionally, probationers were interviewed to determine what, if any, changes were needed or made to institutional policy following their reported incident. With this, given the totality of the information reviewed, policies, documented evidence, staff and probationer interviews, it is apparent that the CSCCAP has maintained compliance with each of the aforementioned provisions and is thus in compliance with the entire standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • 2014 Annual Report • 2015 Annual Report • 2016 Annual Report • 2017 Annual Report • 2018 Annual Report • 2019 Annual Report • BJS Survey 2014 • BJS Survey 2015 • BJS Survey 2016 • BJS Survey 2017 • BJS Survey 2018 • BJS Survey 2019 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • Agency Contract Administrator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden <p>Site Review Observations:</p>

- Extensive review of agency website/PREA section
- Reviewed monthly incident summaries

Standard Subsections:

- Policy (OP 038.3) mandates that “the DOC collects, uniform data on every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” In speaking with the CSCCAP Facility Investigator, adherence to this provision was confirmed.
- Policy (OP 038.3) further requires that “the agency aggregates the incident-based sexual abuse data at least annually.” In speaking with the CSCCAP Facility Investigator, adherence to this provision was confirmed.
- Policy (OP 038.3) indicates that “the incident-based data collected includes, 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.” As confirmed by the VDOC PREA Coordinator, the data collected includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.
- Policy (OP 038.3) requires that “the DOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.” In speaking with the VDOC PREA Coordinator, it was noted that data used to complete the facility’s annual survey of information is collected from a number of different documents.
- Policy (OP 038.3) mandates that “incident-based and aggregated data is collected from every private facility with which the DOC contracts for the confinement of offenders.” The VDOC PREA Coordinator confirmed the agency’s overall adherence, as well as the specific adherence of the agency’s few private facilities, to this policy. Review of the agency’s website finds this information readily available: <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>
- Policy (OP 038.3) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the VDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the

PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on a monthly basis. That data is then aggregated and made available for public review. The CSCCAP has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as required. Hence, the CSCCAP has met all provisional requirements and is in compliance with this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • 2014 Annual Report • 2015 Annual Report • 2016 Annual Report • 2017 Annual Report • 2018 Annual Report • 2019 Annual Report <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Extensive review of agency website/PREA section • Extensive review of annual agency reports (2014-2019) <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 038.3) requires the PREA Coordinator to prepare and aggregate data

related to sexual abuse and sexual harassment across all VDOC facilities. Following which, the VDOC then uses that data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Specifically, the VDOC works to identify problem areas, take corrective action on an ongoing basis, and prepares an annual report of its findings from the data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the VDOC Annual Internal Report on Sexual Assault Data for years 2018 and 2019 reflects the intelligent use of said data.

- Policy (OP 038.3) requires that annual statistical reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the VDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, the VDOC Annual Internal Report on Sexual Assault Data for years 2014 through 2019 does reflect a comparative analysis across years.

- Policy (OP 038.3) requires that upon completion of each year's Annual Internal Report on Sexual Assault Data, "the report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC public website." A review of the VDOC website indicates that upon approval from the agency director, the report is then made available to the public through the VDOC website. The PREA Coordinator confirms adherence to this policy. Furthermore, a review of the VDOC website finds all agency PREA reports publicly available: <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

- Policy (OP 038.3) requires that "before making aggregated sexual abuse data publicly available, all personal identifiers must be removed." In speaking with the agency PREA Coordinator, it was noted that should the agency need to redact specific information other than publicly identifying statistics, proper procedural restraints would be applied.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility base staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, CSCCAP Operation Compliance Manager, and the CSCCAP Warden, the manner in which staff utilized the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the CSCCAP has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 • VDOC PREA Webpage • VDOC Record Retention Schedule <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Extensive review of agency website/PREA section <p>Standard Subsections:</p> <ul style="list-style-type: none"> • Policy (OP 038.3) requires “all data collected on allegations of sexual abuse at DOC facilities must (be) securely retained.” As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.287. • Policy (OP 038.3) requires all aggregated data to be retained permanently. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.287. This data is made readily available to the public through the VDOC website.

- Policy (OP 038.3) requires “all personal identifiers must be removed” from publicly available data before making said aggregated sexual abuse data publicly available. This data has been produced annually for statistical reports published on the agency’s website.

- Policy (OP 038.3) requires all aggregated data to be retained “for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.” The PREA Coordinator confirms agency compliance with this directive. As well, a review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.287. This data is made readily available to the public through the VDOC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the VDOC PREA Coordinator, as well as the administration of the CSCCAP, operate with transparency in government. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance.

115.401	Frequency and scope of audits
	<p data-bbox="248 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 411 360">Documents:</p> <ul data-bbox="248 472 879 730" style="list-style-type: none"> • VDOC PREA Webpage • CSCCAP Posted Auditor Notice (English) • CSCCAP Posted Auditor Notice (Spanish) • CSCCAP Audit Notice <p data-bbox="248 842 395 875">Interviews:</p> <ul data-bbox="248 987 879 1312" style="list-style-type: none"> • Agency PREA Coordinator • CSCCAP Operation Compliance Manager • CSCCAP Facility Warden • Random Staff • Random/Targeted Probationers <p data-bbox="248 1503 595 1536">Site Review Observations:</p> <ul data-bbox="248 1648 1166 1760" style="list-style-type: none"> • On-site inspection of the entire CSCCAP • Review of documentation available via the VDOC PREA website <p data-bbox="248 1872 547 1906">Standard Subsections:</p> <ul data-bbox="248 2018 1477 2141" style="list-style-type: none"> • As evidenced by presence of facility audits on the VDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all VDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during

each audit year.

- This is Audit Year 2 of Cycle 3.

(H) The auditor had full access to all areas of the facility.

- All documents requested by the auditor were received in a timely manner.
- The auditor was permitted to conduct private interviews with probationers.
- Probationers were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the PREA Coordinator and the CSCCAP Operation Compliance Manager were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested probationer functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the CSCCAP. Accordingly, CSCCAP has exceeded the provisions of this standard.

115.403	Audit contents and findings
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="252 246 523 280">Auditor Discussion</p> <hr/> <p data-bbox="252 324 411 358">Documents:</p> <ul data-bbox="252 470 877 728" style="list-style-type: none"> • VDOC PREA Webpage • CSCCAP Posted Auditor Notice (English) • CSCCAP Posted Auditor Notice (Spanish) • CSCCAP Audit Notice <p data-bbox="252 840 395 873">Interviews:</p> <ul data-bbox="252 985 683 1019" style="list-style-type: none"> • Agency PREA Coordinator <p data-bbox="252 1131 598 1164">Site Review Observations:</p> <ul data-bbox="252 1276 1165 1310" style="list-style-type: none"> • Review of documentation available via the VDOC PREA website <p data-bbox="252 1422 550 1456">Standard Subsections:</p> <ul data-bbox="252 1568 1460 1736" style="list-style-type: none"> • A review of the agency website reflects that the VDOC has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator affirms that all facilities within the VDOC have been audited, and their reports subsequently published, on the agency’s website. <p data-bbox="252 1848 694 1881">Reasoning & Findings Statement:</p> <p data-bbox="252 1993 1460 2150">The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency’s website. In this case, the VDOC does have an agency website and has made all facility PREA reports conveniently accessible to the public.</p>



Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (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? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (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 residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 enable residents to shower, perform bodily functions, and change clothing without non-medical 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 area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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 residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes

115.216 (b)	Residents with disabilities and residents 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 residents 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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 the services of any contractor who may have contact with residents 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 the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, 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
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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
115.217 (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

115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	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 residents 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
115.218 (b)	Upgrades to facilities and technology	
	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 residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (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

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (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
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	yes
115.222 (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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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

115.222 (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 conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, 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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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

115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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 a resident 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
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, 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
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes
115.261 (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 residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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
115.264 (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
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident 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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (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
115.271 (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

115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident'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 posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident'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

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident 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
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident 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
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents 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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (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

115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (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
115.288 (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

115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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