

PREA Facility Audit Report: Final

Name of Facility: Harrisonburg Community Corrections Alternative Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/03/2022

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: Jack Fitzgerald	Date of Signature: 06/03/2022

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	04/19/2022
End Date of On-Site Audit:	04/20/2022

FACILITY INFORMATION	
Facility name:	Harrisonburg Community Corrections Alternative Program
Facility physical address:	6624 Beard Woods Lane, Harrisonburg, Virginia - 22802
Facility mailing address:	

Primary Contact	
Name:	Lawrence Heiston
Email Address:	lawrence.heiston@vadoc.virginia.go
Telephone Number:	(540) 733-3084

Facility Director	
Name:	Lawrence Heiston
Email Address:	lawrence.heiston@vadoc.virginia.go
Telephone Number:	(540) 733-3084

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

Facility Health Service Administrator On-Site	
Name:	Virginia Athen
Email Address:	virginia.athen@vadoc.virginia.gov
Telephone Number:	(540) 733-3079

Facility Characteristics	
Designed facility capacity:	126
Current population of facility:	48
Average daily population for the past 12 months:	28
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:	23-58
Facility security levels/resident custody levels:	CCAP
Number of staff currently employed at the facility who may have contact with residents:	40
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-19
2. End date of the onsite portion of the audit:	2022-04-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with two rape crisis agencies, the local hospital with SANE trained nurses. The Auditor also looked at websites for these organizations, as well as the appropriate state agencies that take calls for protected groups such as the state's Department of Social Services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	126
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	51
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	4
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The HCCAP had an all-male population of individuals between 23 and 58 years old convicted of non-violent felonies. The community confinement setting has individuals who may have been in the county jail system or in a DOC facility prior to admission. The HCCAP vision statement talks about the use of evidence based programming and transferable skills to motivate change with the overall goal of reducing recidivism. The population can be in custody any where from 22 to 48 weeks depending on each individuals circumstance.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	40
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>There are 40 current full and part time staff. There is zero volunteers in the past two years due to covid restrictions. There is only one contractor currently working with clients. There are other contractors who come to complete routine servicing of HVAC system, kitchen systems and to test fire safety equipment. None of these individual would be near probationer without staff present</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor went through the population after identification of the target population with a random set of numbers to allow a dispersed sampling of the population from both housing units.</p>
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<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor took additional individuals to ensure a large enough sample exceeded the overall interview requirement for this facility size. The population interview guide is 16 total with 8 targeted and 8 random. The facility did not have 8 different targeted individuals, so the Auditor increased the random selection to 12.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor asked administration and various staff about targeted population one the first day to further confirm no such individuals were in the population.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor asked administration and various staff about targeted population one the first day to further confirm no such individuals were in the population.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor asked administration and various staff about targeted population one the first day to further confirm no such individuals were in the population. The Auditor also interviewed individual with Hispanic sir names to see there English capacity and if they were offered information in Spanish if they preferred.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor asked administration and various staff about targeted population one the first day to further confirm no such individuals were in the population.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor asked administration and various staff about targeted population one the first day to further confirm no such individuals were in the population. The Auditor did speak with the individual who alleged sexually harassing statement were made by staff days before the site visit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not use segregation.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor did not reach the required 8 for the Community Confinement population of 51-100. Of the Identified individuals in the targeted populations some appeared in more than one category. The Auditor interviewed an individual who filed a sexual harassment but did not count it in the listings above. The facility did not have individuals in several of the categories.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor spoke with the staff who worked on both shifts in the 2 day site visit. The interview included both security and non security staff who routinely interact with the inmates.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The contractor was a Chaplin who is the only individual who provides direct services to the probationers not employed by the Virginia DOC.</p> <p>The facility has not had any PREA sexual allegations in the past three years and had also not had an allegation of sexual harassment until day prior to the auditor's arrival. The Agency Head, Contract Administrator, and PREA Coordinator interviews were complete before the site visit. The PREA Coordinator and the Western PREA Analyst were on site throughout both days of the visit where additional information was also provided.</p> <p>Interviews did not cover SANE nursing, as that information was obtained through the local hospital and not accounted here.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The Auditor did test the phone systems, had access to the entire facility, observed documentation on how to report a concern, was able to have informal conversations with probationers and staff. The Auditor was able to observe staff/probationer and central office/facility interactions between interviews. There were no individuals who required the use of an interpretive service, but the staff were aware of the contracted resource. The Auditor had used the resource at a previous facility this year.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The Auditor used random number to take a diverse sampling of the population and staff records. Specific record were requested when appropriate to document</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	no incidents
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There was one allegation about staff verbal comment that occurred the day before the site visit. The incident investigation had not been concluded, but the probationer was seen by the Auditor. Absent a conclusion of facts the Auditor could only apply limited information to the audit process.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	DX Consultants LLC.

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: Exceeds Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

OP 038.3 Prison Rape Elimination Act (PREA)

OP 135.2 Rules of Conduct Governing Employees' Relationships with Offenders

PREA Coordinator and PREA Analyst job descriptions

PREA Office regional assignments

Agency-wide flow chart

Letter Appointing PREA Compliance Manager at Harrisonburg Community Corrections Alternative Program

HCCAP Facility Management Chart

Zero Tolerance posters/ notifications

Signage for the PCM in the facility

Individuals interviewed/ observations.

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with Director of DOC

Interview with Superintendent

Interview with Staff

Interview with Probationers

Tour Observations

Summary determination.

Indicator (a). The Virginia Department of Correction has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. The agency's policy sets the same sexual safety expectations for a community confinement facility as it does for its maximum-security environments. Policy OP 038.3 Prison Rape Elimination Act (PREA) was written to address the various requirements of the standards. The 18-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 3 of the policy states. "The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure." The policy goes on pages 3 and 4 to describe prohibited behaviors. The policy sets forth the requirements of agency administrators and facility administrators to ensure PREA compliance. Pages 4-7 cover different aspects of the Virginia DOC prevention efforts. Pages 8-9 of OP 038.3 covers the detection efforts, while pages 10-12 cover responding to sexual harassment or sexual abuse issues. Policy OP 135.2 Rules of Conduct Governing Employees' Relationships with Offenders further states the Virginia DOC's zero-tolerance position toward sexual misconduct. This policy expands the department's explanation of prohibited individuals in which staff, contractors or volunteers may have a relationship. "Any behavior of a sexual nature between employees, contract employees, or volunteers and offenders, offender's immediate family, or a close friend of the offender is prohibited. Behavior of a sexual nature includes sexual abuse, sexual assault, sexual harassment, physical conduct of a sexual nature, sexual obscenity, and conversations or correspondence of an emotional, romantic, or intimate nature."

The Harrisonburg staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind probationers and staff of the Zero Tolerance

expectation. Random probationers reported an environment free from sexual misconduct.

Indicator (b). Harrisonburg Community Corrections Alternative Program is one of 41 Adult Correctional facilities run by the Virginia Department of Corrections. PREA policy OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Coordinator (pages 3) and states the PREA/ADA Supervisor will serve in this capacity. The policy establishes the PREA Coordinator's "authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act (PREA) National Standards in all DOC facilities." Supporting documents show the PREA Coordinator assignment and the role within the agency organizational chart. The PREA Coordinator is supported by a staff of PREA Analysts who cover three regions and field statewide calls from the PREA hotline. Interviews with the PREA Coordinator confirm she has sufficient time and access to crucial correctional administrators, including the Director of the Department of Corrections, to influence policy and resources to ensure PREA safe environments in the Virginia DOC system. The PREA Analyst working for the PREA Coordinator ensures that facilities maintain compliance through regular monitoring visits and provide technical assistance and training. The PREA Coordinator and the Regional Analyst supported the facility staff during the Audit.

Though not required in the community confinement standards, the Harrisonburg Community Corrections Alternative Program has assigned its Chief Probation staff person to serve as the PREA Compliance Manager. The Virginia OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Compliance Manager. The policy requires the Superintendent to assign an individual to coordinate the facility's efforts to comply with PREA. The Policy states the responsibility within the facility to coordinate the facility's efforts to prevent, detect, and respond to allegations of sexual misconduct. The Auditor was provided a facility organizational chart showing the leadership role of the PREA Compliance Manager role in HCCAP leadership. Supporting documentation also includes a memo from the state's original PREA Coordinator defining the roles and expectations of a PREA Compliance Manager. The Auditor was able to recognize a cooperative relationship exists between the facility and the PREA Office staff.

Compliance Determination:

The Virginia Department of Corrections has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. The policy OP 038.3 Prison Rape Elimination Act (PREA) and OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders define the Zero Tolerance expectation. The policies define the roles of the state PREA Coordinator and the facility PREA Compliance Manager as well as prohibited behaviors for all staff, volunteers, contractors, and Probationers. Interviews with the Agency PREA Coordinator and facility PREA Compliance Manager confirm their roles in maintaining PREA compliance. Both individuals believe they have the capacity in their jobs to advocate for a policy or procedural changes needed to support Probationer safety. Interviews with the Director of the Department of Corrections and the HCCAP Superintendent support compliance with all standard expectations. Policies reviewed by the Auditor describe in-depth the agency's expectation to protect, detect and respond to sexual misconduct and clearly define the role of the state PREA Coordinator. The facility has a safe environment where Probationers supported violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained compliment who is aware of their duties in promoting a sexually safe environment.

The Auditor feels the existence of the PREA Office, with three Regional Analysts supporting the state PREA Coordinator, shows a strong commitment to ensuring support is provided across the agency's 41 facilities. Observation of the facility and PREA Office staff support a cooperative and familiar relationship exists. These reasons, with well defined policy and probationer described safe environment support the determination the standard has been exceeded.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>OP 038.3 Prison Rape Elimination Act (PREA) OP 260.1 Procurement of Goods VA DOC Website VA Contract with the GEO Group including extension Geo Group Website VA DOC Monitoring Report 2019 PREA Audit report for Lawrenceville CI Individuals interviewed/ tour observations. Interview with PREA Coordinator (PC) Interview with Contract Manager Summary Determination</p> <p>Indicator a) The pre-audit report indicated the Department of Corrections has one contracted facility. The Auditor was provided documentation of the 1500-bed contracted facility in Lawrenceville, Virginia. The Virginia Department of Corrections addresses the requirements of this indicator in two policies. The agency's PREA policy OP 038.3- PREA (page 4) states, "contract for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards." Policy OP 260.1- Procurement of Goods (page 10) states, "All contracts for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.". It defines the guidelines for emergency contracting of a facility that is not compliant with PREA. "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented." The Auditor was provided with several documents, including contracts with the GEO Group and annual renewals of the contract. Article 4 (page 11) of the 2018 contract with the GEO Group requires compliance with American Correctional Association, PREA standards, and state regulations. The Contract Monitor confirmed the process for contracting with the GEO group. There were no inmates sent from Harrisonburg Community Corrections Alternative Program to the Lawrenceville facility in the past year.</p> <p>Indicator b) The Auditor found language in the two policies mentioned in indicator a). The policies state, "Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards." The Auditor learned from the GEO website and documents provided that the facility in Lawrenceville has been under contract since 2003. The Auditor also reviewed The Virginia Department of Corrections website, which shows the facility in Lawrenceville has undergone two PREA audits (2016, 2019). The most recent PREA Audit of Lawrenceville Correctional Center occurred in March of 2019. The Auditor requested additional documentation to support ongoing monitoring of the facility. The Contract Monitor reports that the facility is normally visited quarterly by the PREA Analyst for that region and that a VA DOC employee works on-site to ensure routine communication of issues between the DOC and GEO. The PREA Analyst and PREA Coordinator described the monitoring process. The facility provided 15 months' worth of monitoring reports completed by the VA DOC at the GEO run facility. The Lawrenceville Correctional Institution is required to notify the PREA/ADA Office of all complaints.</p> <p>Compliance Determination: The Auditor reviewed agency policies, contracts, and contract renewals with the GEO Group. Agency contracts and renewals for the confinement of VA DOC offenders included the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Virginia Department of Corrections meets the requirements of this standard based on the documents reviewed and information from the Contract Manager, PREA Coordinator, and PREA monitoring reports provided. The Auditor also reviewed the 2019 PREA Audit Report for the GEO run facility.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 847 356">OP 401.1 the Development and Maintenance of Post Orders</p> <p data-bbox="240 387 512 414">OP 401.2 Security Staffing</p> <p data-bbox="240 445 429 472">Staff Duty Rosters</p> <p data-bbox="240 504 539 530">Staffing plans 2021 and 2022</p> <p data-bbox="240 562 397 589">Annual Review</p> <p data-bbox="240 620 421 647">Camera positions</p> <p data-bbox="240 678 464 705">Duty Post audit report</p> <p data-bbox="240 736 604 763">Logs and Video of Supervisor Tours</p> <p data-bbox="240 848 617 875">Individuals interviewed/ observations.</p> <p data-bbox="240 907 572 934">Interview with PREA Coordinator</p> <p data-bbox="240 965 670 992">Interview with PREA Compliance Manager</p> <p data-bbox="240 1023 545 1050">Interview with Superintendent.</p> <p data-bbox="240 1081 435 1108">Interview with Staff</p> <p data-bbox="240 1140 526 1167">Interviews with Probationers</p> <p data-bbox="240 1252 488 1279">Summary Determination</p> <p data-bbox="240 1364 1485 1556">Indicator a). Policy 401.2 Security Staffing (page 8) covers the language of this indicator. The policy uses the standard language to describe the requirements of the development and ongoing reviews of staffing needs at Virginia’s Department of Corrections facilities. The policy language includes the 11 elements listed in indicator a). “The facility staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities will take into consideration: (§115.13[a]; §115.213[a])</p> <ul style="list-style-type: none"> <li data-bbox="240 1588 826 1615">a. Generally accepted detention and correctional practices <li data-bbox="240 1646 616 1673">b. Any judicial findings of inadequacy <li data-bbox="240 1704 898 1731">c. Any findings of inadequacy from Federal investigative agencies <li data-bbox="240 1762 954 1789">d. Any findings of inadequacy from internal or external oversight bodies <li data-bbox="240 1821 1177 1901">e. All components of the facility’s physical plant (including “blind-spots” or areas where staff or offenders may be isolated) (§115.213[a]) <li data-bbox="240 1933 831 1960">f. The composition of the offender population (§115.213[a]) <li data-bbox="240 1991 742 2018">g. The number and placement of supervisory staff <li data-bbox="240 2049 764 2076">h. Institution programs occurring on a particular shift <li data-bbox="240 2107 855 2134">i. Any applicable state or local laws, regulations, or standards

j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse (§115.213[a])

k. Any other relevant factors (§115.213[a])”

The Harrisonburg Community Corrections Alternative Program has provided a copy of the facility's current staffing plan for 2022. The facility has provided documents, including the narrative, schematics of the facility, and staffing assignments, and we reviewed camera locations that support the elements of this standard. The community confinement facility has limited numbers of cameras but has placed the ones they have at high-risk locations. The Auditor had made some suggestions where additional resources could aid in monitoring in the open complex. The facility is not under any legal judgment or has been sighted by any state or federal oversight body. The Auditor confirmed this with the Superintendent and reviewed the information provided in the American Correctional Association's December 2021 audit report. The ACA auditors found the facility to be in compliance with national standards on staffing. The Auditor also completed a web search for information about the facility. The Auditor made some suggestions to improve the documentation to add more information on support positions such as Probation Officers and mental health professionals who routinely move through the units. The staffing plan was developed on the maximum population of 126 probationers instead of the current or past year averages of less than 50.

Indicator b). This indicator is NA. Interview with the Superintendent confirms the Harrisonburg Community Corrections Alternative Program has not gone under its approved minimal staffing in the past year. The facility can 'draft' overtime work from either voluntary or mandated staff to reach institutional minimums. There is a daily log for each shift documenting when staff calls out and who is replacing the post assignment. The Superintendent and the Major would be notified of any emergency where minimums would not be met. Staff from HCCAP have reportedly volunteered also to help with staffing at other regional DOC facilities during the COVID-19 crisis.

Indicator c). The PREA Office completed the 2021 and 2022 annual review of the staffing plan with the Superintendent, the Major, the PREA regional Analyst, and the PREA Compliance Manager. The report included information on staffing needs, adjustments made to the staffing plan, and identified areas for monitoring technology to improve institutional safety. The report is reviewed, and recommendations can be forwarded to the regional office. The Superintendent was aware of the process, and the state PREA Coordinator also signed the report. The Auditor confirmed with the Superintendent and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for allocation of resources or funds.

Compliance Determination:

The Auditor concluded the facility has adequate staffing to protect probationers from sexual abuse. This was determined through observation and discussions with the probationer population. The Auditor reviewed VA DOC policies that applied, the facility Staffing Plan, Duty Rosters, and annual staffing plan review. The Auditor confirmed practice through observations on tour and interviews conducted with staff and Probationers. The Auditor's interviews with the Superintendent, PREA Compliance Manager, and PREA Coordinator confirmed a process is in place to communicate when an identified need is recognized. Staffing, video, and other potential risks are reportedly part of the Superintendent's regular assessment of his facility. He describes this activity as an ongoing process instead of an annual review. Discussions with the Major and Lieutenant confirm they complete unannounced facility rounds though not required as part of the community confinement standard.

Compliance is based on documentation reviewed, interviews with facility leadership and the PREA Office staff.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>OP 350.2 Training and Development</p> <p>OP 401.1 Development and Maintenance of Post Orders</p> <p>OP 401.2 Security Staffing</p> <p>OP 445.4 Screening and Searches of Persons</p> <p>OP 720.2 Medical Screening, Classification & Levels of Care</p> <p>OP 801.1 Facility Physical Plant and Sanitation</p> <p>Search Training Materials</p> <p>Memo on trainings</p> <p>Individuals interviewed/ observations.</p> <p>Interview with Superintendent</p> <p>Interview with Random Staff</p> <p>Interview with Random Probationers</p> <p>Summary Determination</p>
	<p>Indicator a). Harrisonburg Community Corrections Alternative Program does not routinely perform cross-gender strip or Body cavity searches. The facility reported no cases in the past year. Policy 445.4, the agency's search policy, sets forth the requirements for body cavity searches and cross-gender strip searches, including language supporting the client's gender-identify for transgender and intersex probationers. The policy states, "One Corrections Officer and one other DOC employee both of whom are of the same gender as the probationer or CCAP probationer/parolee or of the gender indicated on the approved Strip Search Deviation Request will accompany the probationer or CCAP probationer/parolee into an appropriate area where privacy can be ensured. No person of the opposite gender can be present or witness the strip search."</p> <p>The agency policy requires that the Superintendent and the Regional Director be notified if a probationer is believed to be concealing contraband. Any contact with the probationer's body cavity is completed by a medical professional. The policy does require a security person to be present of the same gender as the probationer. The policy goes on to state that if the offender is transgender or intersex, the gender of the security staff person will be consistent with the individual's approved Strip Search Deviation Request. "A medical practitioner only, will conduct the body cavity search and inspection in private. The medical practitioner conducting the body cavity search may or may not be the same gender as the Probationer being searched. At least one DOC employee of the same gender as the Probationer being searched or of the gender indicated on an approved Strip Search Deviation Request must be present at all times." The facility reports there were no incidents of cross-gender body cavity searches. The Superintendent, Major, and PREA Compliance Manager report that all body cavity searches would be documented, including the individual present and the justification for such actions. Policy OP 445.4 also references the required elements of the mandated incident report consistent with the stated expectations</p> <p>Indicator b). The Harrisonburg Community Corrections Alternative Program does not house female probationers.</p>
	<p>Indicator c). Virginia DOC policy OP 445.4 covers the language of this indicator. In sections on frisk search, strip search, and body cavity searches, the policy states that all cross-gender searches will be documented in an incident report consistent with OP 038.1 Reporting Serious or Unusual Incidents. There are no females at HCCAP and no reported emergency</p>

requiring a cross-gender strip search of a male probationer.

Indicator d). Policy OP 801.1 (page 3) states, "Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks." Policy OP 401.2 describes as part of the housing unit supervision the same description as stated above as well as a requirement of opposite gender staff announcements. "Staff of the opposite gender must announce their presence when entering an offender housing unit and must document these announcements in the logbook." The Auditor confirmed through the random interviews with staff and probationers the practices of cross-gender announcements. The Auditor was provided with logbook entries showing the announcements were made and documented. The Auditor also reviewed the logbooks at the two staff desks positions in the facility. The facility provided a years worth of documentation. During the tour and subsequent movement, the Auditor heard staff announcements about females entering areas.

The facility has small bathrooms in the housing units with a 4-foot 8-inch wall surround. There is a large toilet/washroom and a separate gang shower area on the lower level. These areas are enclosed, protecting probationers from incidental viewing. The probationers did not report concerns about female staff seeing them toileting. They did privacy barriers between toilets would improve comfort in the setting. The Auditor did not find the toilet set up to violate the standard but shared the resident's concerns with the Superintendent and the PREA Coordinator.

Indicator (e) Two Virginia DOC policies address the requirements of this indicator. OP 720.2 and OP 445.4 require that Transgender individuals will not be strip-searched to determine one's genital status. The policy requires that if unknown the determination is made through interviews with the probationer or as part of a physical exam conducted by a medical practitioner. "If a transgender or intersex offender's genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private". Random staff interviews confirm that the training on searches included using the back or edge of the hand when completing a cross-gender pat search. They were able to describe the search process, including respectful communication and awareness of potential trauma histories. Transgender probationers would shower reportedly during counts. All admissions to HCCAP are planned as such; they would likely know in advance if an individual was transgender.

Indicator (f) All staff interviewed report they have received training on searches, including how to complete pat searches of transgendered or intersex individuals. The staff knew that a committee reviewed the probationer's request for the gender staff they would feel more comfortable. The facility provided training records and a curriculum that describes the search process. The staff know to use the back or blade of the hand and communicate with the individuals to explain what will happen next. Staff were aware that some individuals may be startled by touch due to past trauma

Agency training policy OP 350.2 Training and development addresses this indicator as a requirement for all custody staff. "Cross-gender frisk searches and searches of transgender and intersex Probationer/probationer/parolees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs"

Compliance Determination:

The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross-gender searches, respectful searches of transgender individuals, and make opposite gender announcements when entering offender living units. Probationer confirmed the ability to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. The Auditor reviewed the agency's policies and procedures, and training documents. During the tour, he made observations and interviewed staff and probationers to determine compliance with this standard. There were no transgendered individuals in the population to interview or review documentation for indicators (e) or (f).

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 754 358">Policy – 038.3 Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 392 839 418">Offender training acknowledgment forms (English, Spanish)</p> <p data-bbox="240 452 638 479">PREA Brochure (English and Spanish)</p> <p data-bbox="240 512 743 539">Interpretive Service Contracts (Propio and Purple)</p> <p data-bbox="240 573 572 600">Comprehensive Education Video</p> <p data-bbox="240 633 440 660">PREA info in Braille</p> <p data-bbox="240 694 758 721">Memo from Superintendent on Interpretive services</p> <p data-bbox="240 754 735 781">PREA Posting in the facility in multiple languages</p> <p data-bbox="240 860 679 887">Individuals interviewed/ observations made.</p> <p data-bbox="240 920 641 947">Probationer education acknowledgment</p> <p data-bbox="240 981 446 1008">Interviews with Staff</p> <p data-bbox="240 1041 497 1068">Interviews with Offenders</p> <p data-bbox="240 1102 663 1128">Observations of PREA Information posted</p> <p data-bbox="240 1252 488 1279">Summary Determination</p> <p data-bbox="240 1368 1485 1794">Indicator a). Harrisonburg Community Corrections Alternative Program has services in place to ensure disabled and Limited English Proficient Probationers have the appropriate understanding and access to services described in this standard. Individuals with significant disabilities or language barriers might not be referred to the program as it is a work program. The facility was able to identify individuals with a physical hearing or site disabilities. There were no individuals with intellectual, psychiatric, or reading impairments. Policy OP 038.3 the PREA policy defines disabled and limited English proficiency in the same language of the standard. The policy ensures equal access to the facility's efforts to protect, detect, and respond to sexual abuse and sexual harassment incidents. The policy acknowledges the protections afforded under the Americans with Disabilities Act. All employees are informed of the at-risk populations described in this standard. The Director of the Department of Corrections spoke on the expectations of providing full access and protections to these at-risk populations. The PREA Coordinator also oversees the agency's efforts to ensure compliance with ADA regulations. In interviews with targeted probationers and staff support, there are services to ensure residents understand PREA and how to report a concern. None of the individuals needed aids to comprehend information. The Auditor was able to meet with members of the ADA team who were on-site during the visit.</p> <p data-bbox="240 1883 1485 2141">Indicator b). OP 038.3 states, "Facility staff must take reasonable steps to ensure offenders who are limited English proficient, are afforded meaningful access to all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." The facility provided contracts with an agency that can provide interpretive services in over fifty languages in under a three-minute response time. The Auditor was also provided a secondary contract with an organization called Purple who can support Probationers who use American Sign Language. The Auditor reviewed the documents to ensure they were current, and the facility provided records supporting the contracts that predated the previous audit cycle. The Auditor was unable to speak with bilingual individuals as no individual</p>

lacked English speaking. The Auditor reviewed the housing list for Hispanic and Asian sir last names when determining the individuals to interview. The Auditor also spoke with the PREA Compliance Manager on how they handle these situations if they were to arise.

Indicator c). Random staff interviewed knew it was inappropriate to use one Probationer to interpret for another. Staff knew it should only be done in the most extreme situations. The agency PREA policy (OP 038.3 (page 7) states, "Facility staff cannot rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under, or the investigation of the offender's allegations. Video Remote Interpreting (VRI) should be utilized to effectively communicate with deaf offenders when American Sign Language interpreters are not available on-site." There has been no incident in which a probationer interpreter has been used to address any PREA-related concern in this Audit cycle. There have also been no admissions in the past year of any Limited English Proficient probationers.

Compliance Determination:

The State PREA Coordinator is also the head of the ADA compliance unit, which further ensures PREA education and access to services for protected populations occur. The Auditor was able to see the documentation in English and Spanish, the two most common languages in the Virginia DOC population. The Auditor was also able to confirm the use of Just Detention International's video "PREA What you need to know," which is used as part of the Probationer education and is available in multiple languages. The Auditor was informed that there were no occasions in which interpretive services were needed. The facility has documents available in Spanish if a bilingual probationer can read better in one language than the other. The Auditor also confirmed individuals with disabilities on their ability to receive support if they did not understand PREA or the agency's efforts. Probationers support there is staff available to assist individuals who have hearing, emotional, or comprehension disabilities in addition to those with language barriers. The policy provided, the contracts in place, the staff and probationer knowledge of accessing services all support a compliance determination. The Auditor also considered that the PREA Coordinator also oversees the agency's ADA efforts as a positive consideration. The Auditor was able to meet ADA staff, who clearly communicate with the regional PREA analyst.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 102.2 Recruitment Selection and Appointment</p> <p>Policy OP 102.3 Background Investigation Program</p> <p>Policy OP 102.7 Employment Records</p> <p>Policy OP 135.1 Standards of Conduct</p> <p>Policy OP 145.2 Employee Performance Management</p> <p>Policy OP 260.1 Procurement of Goods and Services</p> <p>Employee, contractor records</p> <p>Memo on employees Promoted</p> <p>Chart of Criminal Checks for all employees</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Human Resource Staff</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Summary Determination</p> <p>Indicator (a). The Virginia Department of Corrections currently uses an online process for perspective applicants to apply to jobs in the DOC. In policy and in the application process, the agency prohibits hiring individuals with histories of engaging in items listed in this indicator. Virginia DOC policy OP 102.2 Recruitment Selection and Appointment (page 5) addresses this indicator's requirements in the section on employee eligibility. The Policy strictly prohibits the employment or contracting the services of individuals who have engaged in, have been convicted of engaging in or attempting to engage in or administratively been adjudicated for sexual assault. The policy states under eligibility, "Eligibility</p> <p>1. The DOC will not hire or promote anyone for a position that may have contact with Probationers, probationers, or parolees who has been:</p> <p>a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. §1997, Civil Rights of Institutionalized Persons);</p> <p>b. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>c. Civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse."</p> <p>Agency policy OP 260.1 Procurement of Goods and Services utilizes the same language requirements for contracted employees. Interviews with HR staff support the process of screening all applicants for employment at the Harrisonburg Community Corrections Alternative Program, including contracted employees. Any approved volunteer undergoes the same screening process and the same acknowledgment form.</p> <p>The employee application process requires potential candidates to confirm that they have not engaged in any form of sexual misconduct described above. The Auditor confirmed the questions are asked at the time of hire and during promotional periods. In determining compliance, the Auditor reviewed 15 files of the 43 staff, including individuals hired in the last year. The Virginia DOC has had the PREA questions as part of the employment applications since 2014. The Auditor was able to see in the HR files reviewed where the questions were asked of employees hired before that date in their annual reviews.</p>

HCCAP Records are maintained on-site in a working file with the Regional office, which completes the pre-employment background checks having an official record. The Auditor also reviewed the contracted Chaplin's records.

Indicator (b). The Virginia Department of Corrections policy prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Virginia DOC performs criminal background checks on these individuals. The Auditor reviewed contracted employees as part of this standards review process. The Human Resource staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Superintendent's attention before any offer of a position in the institution. The Agency's regional office will also be completing the actual criminal checks and sending notice back to the facility if a concern arises. The DOC prescreening process for its employees would seek to find information on criminal offenses and the agency does reach out to former employers for other behaviors that might have caused discipline. Similarly, DOC employees who had prior concerns in other facilities would be flagged for past behaviors before a transfer would be approved. Harrisonburg Community Corrections Alternative Program has only one contracted staff, the Chaplin, that provided direct services to the probationers in the past year. The Chaplin's records were reviewed by the Auditor.

Indicator (c). The Virginia Department of Corrections completes criminal background checks on all employees. The Agency policy OP102.3 Background Investigation Program covers the requirements of this standard. Policy language describes elements in the process. "Facility employees may perform limited background investigations for non-sensitive volunteers in a facility with a copy of the completed Application for Volunteer/Intern Services 027_F2 forwarded to the BIU Supervisor for recording and retention.

1. The following documents should be attached:

- a. Authority for Release of Information 102_F7
- b. A copy of the applicants Driver's License or other government issued photo identification
- c. Fingerprint Cards, if applicable, or provide Live Scan TCN number
- d. The BIU must perform a full background investigation for volunteers in sensitive positions the following documents to BIU:
 - i. Application for Volunteer/Intern Services 027_F2
 - ii. Background Investigation Questionnaire 102_F2
 - iii. Request for Background Investigation 102_F6
 - iv. Authority for Release of Information 102_F7
 - v. A copy of the applicants Driver's License or other government issued photo identification
 - vi. A Copy of the applicants License or Certification, if applicable
 - vii. Live Scan TCN number, if applicable, or provide two completed inked Fingerprint Cards.
- e. The Organizational Unit Head may grant preliminary approval, based on preliminary reports, for volunteers to serve in sensitive positions pending completion of the full background investigation."

In discussions with the Human Resources staff and the Agency PREA Coordinator, these are consistently done both as pre-employment and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Virginia law does not allow the record to be maintained as part of the employee's file and requires the document to reportedly be destroyed after use. The Human Resources staff confirmed the process and was able to show the Auditor how the process was completed. The staff have a system for tracking individuals who are due the 5-year checks.

The Auditor, PREA Coordinator, and the Human Resources staff person discussed elements that are required to be maintained and the documentation currently in place. The facility has a log of when the checks occurred.

Indicator (d). HCCAP as stated in Indicator (a), completes criminal background checks on all contracted employees and any approved volunteers. Interviews with contracted staff and volunteers support they were required to pass a background check before being allowed into the facility. Employees who are contracted and have routine contact with Probationers go through the same process as full-time employees. HCCAP has only one such contractor, the Chaplin. The Policy allows for other screening of non-sensitive persons to be done at the facility level. "Facility employees may perform limited background

investigations for non-sensitive temporary position contractors in a facility with the appropriate sections of the Confidential Summary Background Investigation Report 102_F10 completed and forwarded to the BIU Supervisor for recording and retention." HCCAP provided records of 4 of the 13 approved nonemployees allowed to enter the facility and perform tasks under staff supervision.

Indicator (e). Discussions with the Human resources staff support that staff have criminal background checks at the time of hire and at least every five years after that. As noted in indicator c) Virginia does not allow criminal record checks (VICN) to be maintained in their human resources file. The policy sets forth the "The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted." The Human Resources staff confirmed the process is done and that if new charges were found the steps taken to notify the Superintendent. The Auditor reviewed a spreadsheet supporting the process is completed. The Auditor also spoke with the PREA Coordinator on options to further support compliance.

Indicator (f). As noted in Indicator (a), all HCCAP employees are asked to complete the Employee Application, which includes questions required in indicator a). The employees, after hire, also complete a form titled PREA Mandatory Sexual Misconduct Disclosure. Staff is asked the aforementioned questions as well as created a continuing responsibility to disclose such misconduct. The form states, "All answers and statements are true and complete to the best of my knowledge. By signing this form, I am acknowledging that the information provided above is accurate and complete and that I have a continuing affirmative duty to disclose any such misconduct." The Virginia DOC had all existing employees complete the form.

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

Indicator (h). The Virginia DOC allows for the agency, with proper releases of information, to disclose to other institutions any PREA-related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, The Auditor was provided with three recent examples of the request made or received and the facility's response. The letters to the requesting facility are signed by the facility PREA Compliance Manager. The Human Resource staff member understood the importance of attempting to obtain information from previous institutional employers.

Compliance Determination:

The Virginia Department of Corrections has a policy in place to address the requirements of the standard including the completion of background checks, and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the HCCAP that oversee the hiring for HCCAP. The agency has all staff and contractors undergo criminal background checks. The Human Resource staff reports she works closely with regional and facility management to ensure the line of communication is maintained. The Virginia DOC has implemented forms in policy to document staff understanding the requirements related to the various indicators in this standard. The Facility had provided examples in advance and the Auditor as for additional randomized examples of employee records.

The Virginia DOC has several policies that utilize the standard language to address the requirements. The Auditor was also able to review information from a total of 15 files of current and former staff, contractors, and volunteers. Interviews with Human Resource staff and PREA Coordinator further confirmed the process to ensure individuals who have engaged in sexual misconduct are not employed at Harrisonburg Community Corrections Alternative Program. The agency will share information about former employees if that facility requests information. As outlined above, there were several factors used by the Auditor in determining compliance.

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 387 715 414">OP 801.1 Facility Physical Plant and Sanitation</p> <p data-bbox="242 445 587 472">Memo from Acting Superintendent</p> <p data-bbox="242 504 427 530">Camera Locations</p> <p data-bbox="242 616 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 674 336 701">Interview</p> <p data-bbox="242 732 655 759">Interview with PREA Compliance Manger</p> <p data-bbox="242 790 541 817">Interview with Superintendent</p> <p data-bbox="242 848 611 875">Interview with Acting Superintendent</p> <p data-bbox="242 960 488 987">Summary Determination</p> <p data-bbox="242 1077 1485 1270">Indicator a). Harrisonburg has not undergone an expansion or renovations that would have impacted probationer safety. The Auditor confirmed with the Superintendent and the PREA Compliance that no major changes/ renovations have occurred at HCCAP. Virginia DOC policy addresses the concerns of this Indicator in policy OP 801.1, which states, " The effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility."</p> <p data-bbox="242 1359 1485 1552">Indicator b). The HCCAP has not added any cameras or monitoring technology in the past three years. OP 801.1 states, "For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse." The Facility only has 16 cameras to cover the entire complex. The Auditor discussed on tour some potential concerning areas where additional monitoring could be beneficial. The facility has limited incidents of aggression of any type.</p> <p data-bbox="242 1641 515 1668">Compliance Determination:</p> <p data-bbox="242 1700 1485 1924">Agency policy 801.1 supports the Virginia Department of Corrections has a system to consider Probationer sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. The interviews supported that there are strong avenues of communication between facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns. The Auditor made recommendations on areas where monitoring technology could aid in supervision. The Auditor finds the standard has been met given that the DOC has a policy in place. The facility and agency leadership have avenues in place. Both indicators were currently not applicable since there were no changes in the past three years.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy – 030.1 Evidence Collection and Preservation</p> <p>Policy – 030.4 Special Investigations Unit</p> <p>Policy – 038.3 PREA</p> <p>Policy – 720.7 Emergency Medical Equipment and Care</p> <p>Policy – 730.2 MHS Screening Assessment and Classification</p> <p>Virginia Department of Criminal Justice Services Website</p> <p>MOU with Action Alliance</p> <p>VA DOJ- SART A Model Protocol for Virginia</p> <p>National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manger</p> <p>Interview with Random staff</p> <p>Interview with SANE/SAFE (Rockingham Memorial Hospital)</p> <p>Interviews with Investigative staff</p> <p>Interview with Rape Crisis agency staff (Action Alliance, Collins Center)</p> <p>Summary Determination</p> <p>Indicator a). Virginia DOC has several policies in place for its Special Investigations Units (SIU) to follow to ensure a thorough investigation occurs. The agency policy, 030.4 Special Investigation Unit, sets forth in the 22-page document that investigations will be completed using a uniform practice. Pages12-13 specifically address the Prison Rape Elimination Act.</p> <p>Virginia DOC Policy 030.1 Evidence Collection and Preservation further define steps to be taken by investigators to protect evidence, chain of command, and crime scene integrity. This policy also addresses video evidence and storage. The Virginia DOC completes all criminal and administrative investigations utilizing trained staff in the facility investigative unit or SIU (Special Investigation Unit) officer who completes criminal Investigations. The SIU staff are law enforcement staff in the state of Virginia with full arrest authority. Interview with SIU Investigator confirms the training provided, so all DOC investigators ensure a consistent approach to ensure the likelihood of obtaining physical evidence. Random staff at HCCAP were able to describe the steps to protect evidence until it can be properly obtained by the investigator or a SANE in a first responder situation.</p> <p>Indicator b). The Special Investigation Unit policy also addresses the requirement of this indicator. The Auditor confirmed with the Investigator, the nurse in charge of, and Sexual Assault Examinations at the hospital on the protocol used for Sexual Assault Examinations. The SIU Investigator would not collect evidence as part of the forensic exam but is trained in working with victims of abuse and preserving crime scene evidence. The Hospital staff confirmed SANE nurses are trained to use protocols approved by the state and consistent with the National Protocol developed by the Department of Justice. The Auditor reviewed with the SANE nurse the training requirements each individual must complete before they are allowed to solo on completing a perk kit. A memo from the Hospital also confirmed the Hospital's SANE services.</p>

Indicator c). All victims of sexual abuse at Harrisonburg Community Corrections Alternative Program would be taken to Rockingham Memorial Hospital in the center of Harrisonburg, approximately 13 miles away. An interview with hospital staff confirmed the staff includes trained nurses in completing forensic examinations of sexual abuse victims. It was confirmed consistent with DOC policy 720.7 Emergency Medical Equipment and Care (page 9) that "there will be no financial cost to the victim offender for this examination." The Auditor also reviewed Virginia Victims Fund which will cover the victim's cost.

"The SAFE Payment Program will pay for:

- Emergency Room Physician fees
- Hospital and forensic examiner fees
- Testing for sexually transmitted infections (STI) and pregnancy
- Medications to prevent STIs and pregnancy
- Ambulance ride to a hospital for evidence collection²
- Full course of HIV preventative medication if warranted
- Follow-up medical care while taking HIV preventative medication
- Follow-up medical forensic examinations"

Indicator d). Harrisonburg Community Corrections Alternative Program has access to rape crisis agency staff through a Memorandum of Understanding with Action Alliance. The Virginia Department of Corrections has had an ongoing relationship dating back to 2014 with Action Alliance. Action Alliance is the umbrella organization for state domestic and sexual abuse agencies. The Auditor was provided the original agreement and all subsequent renewals for services. In interviews with Action Alliance staff, the Auditor was able to confirm the relationship between the agencies. The facility has had no sexual assault incidents or requests by inmates with past histories to access the support of an RCC. The Auditor also reached out to the local Rape Crisis Center to see if they received any requests for providing emotional support for an HCCAP probationer.

Indicator e). Harrisonburg Community Corrections Alternative Program has two policies that address the requirements of this indicator 038.3 PREA (page 13) and 730.2 MHS Screening and Assessment (page 8). Interview with SANE nurses, the Action Alliance representative, and the facility PREA Compliance Manager confirms the ability to support the probationer during an exam, a criminal investigation interview, or to provide ongoing support to victims. The interview with the Investigator confirms that a rape crisis support advocate is routinely offered to probationers. The Auditor also found the description of services in the MOU between VA-DOC and Action Alliance confirming supporting Probationers at forensic exams or investigative interviews. The Representative of Action Alliance confirmed that supportive counseling would include a referral if the Probationer was leaving HCCAP to another part of the state. The state's Criminal Justice Division also has a publication, Sexual Assault Response Teams; A Protocol for Virginia, which supports the importance of advocates during the forensic exam and investigatory interviews as well as an ongoing resource for support.

Indicator f). The indicator is NA. Virginia Department of Corrections has trained individuals in their Special Investigations Unit (SIU) who would be responsible for completing criminal and administrative investigations.

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

Indicator h). The indicator is NA. The Virginia Department of Corrections has entered into an MOU with Action Alliance to provide support to victims of sexual misconduct at the Harrisonburg Community Corrections Alternative Program. The Auditor also spoke with the Collins Center, a local RCC confirming they would also be available if requested by the probationer or Action Alliance.

Compliance Determination:

The Auditor finds that the standard is compliant. The facility allows probationers access to victim advocates from a rape crisis center through a current MOU with Action Alliance. The facility provides Probationer victims access to a Sexual Assault Nurse Examiner at no cost at Rockingham Memorial Hospital. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, and talked with the hospital, rape crisis agency, facility investigator and a member of Virginia's SIU to determine compliance. Absent a sexual assault, the above factors were the basis for determining compliance along with information from various websites.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy – 030.4 Special Investigation Unit</p> <p>Policy – 038.3 Prison Rape Elimination Act (PREA)</p> <p>Agency Website</p> <p>Investigation Matrix</p> <p>Investigative Reports of Sexual Abuse and Sexual Harassment Allegations</p> <p>Virginia law- 15.2-1704. Powers and duties of the police force.</p> <p>Individuals interviewed/ observations.</p> <p>Interview with Director</p> <p>Interview with Superintendent</p> <p>Interview with Investigators</p> <p>Interview with Probationers who made allegations</p> <p>Summary determination.</p> <p>Indicator a). The Auditor was provided with information on all sexual assault and sexual harassment claims made in the past year. Policy 030.4 Special Investigations Unit (page 10) requires 'the Unit Managers to ensure administrative or criminal investigations occur on all allegations of sexual assault or sexual harassment.' The Harrisonburg Community Corrections Alternative Program had no allegation of sexual abuse in the past year to be investigated. Interviews with the DOC Director and the Superintendent confirmed the expectation that all allegations be thoroughly investigated. The Superintendent discussed how he would expect the investigative process to occur administratively and criminally if appropriate. The Auditor was also provided an investigative matrix that describes the steps the facility and the SIU take in completing investigations, including PREA-related allegations. There is one allegation of sexual harassment filed the day before the Auditor's arrival in Virginia which the facility acknowledged that they were in the process of investigation. The probationer confirmed he had already been interviewed by the facility investigator.</p> <p>Indicator b). Virginia DOC Policy OP 030.4 Special Investigation Unit (SIU) (page 3) sets forth the obligation that all sexual assault and sexual harassment cases be investigated. The policy confirms the authority of SIU staff as having full police authority. The Auditor confirmed the policy is on the VA DOC website while also reviewing state law in Virginia 15.2-1704 which defines the powers of police. The interview with the SIU agent confirmed the powers of arrest and authority to investigate crime in the facility. This includes the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution.</p> <p>Indicator c). N/A - The Virginia Department of Corrections is responsible for Criminal Investigations and Administrative Investigations at Harrisonburg Community Corrections Alternative Program.</p> <p>Indicator d). N/A - The Auditor is not required to review this provision.</p> <p>Indicator e). N/A - The Auditor is not required to review this provision.</p> <p>Compliance Determination: The documents reviewed by the Auditor confirm the authority of the DOC investigators to investigate sexual abuse and sexual harassment allegations. The Auditor was able to confirm with a probationer assaulted at another institution about the investigative process. HCCAP did not have any investigative documents to review as there have been no allegations. The Auditor also took into consideration interviews with the Director, the SIU investigator, the facility Investigator and the Superintendent to confirm all allegations of sexual assault and sexual harassment are to be investigated.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 102.6 Staff Orientation</p> <p>Policy 350.2 Training and Development</p> <p>Harrisonburg Community Corrections Alternative Program staff training records</p> <p>2020-2022 Training Curriculums, outlines, and exams for Online and Academy courses</p> <p>PREA/ADA monthly newsletters</p> <p>Memo on trainings during COVID</p> <p>Training rosters for HCCAP</p> <p>PREA Office newsletters</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Summary determination.</p> <p>Indicator a). The Virginia Department of Corrections has policy and trainings in place to address the requirements of this indicator. Agency policy OP 102.6 staff orientation states, "The DOC will train all employees who may have contact with offenders on:</p> <ul style="list-style-type: none"> a. Its zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures c. The offenders' right to be free from sexual abuse and sexual harassment d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment e. The dynamics of sexual abuse and sexual harassment in confinement f. The common reactions of sexual abuse and sexual harassment victims g. How to detect and respond to signs of threatened and actual sexual abuse h. How to avoid inappropriate relationships with offenders i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities." <p>The Auditor reviewed the training materials used to educate employees when hired and during annual refreshers. The training materials reviewed contained all 10 required elements of this indicator. Employees are trained and random staff interviews support an understanding of the agency's zero-tolerance policy toward sexual misconduct. Staff are told "Any behavior of a sexual nature between employees and offenders is prohibited. Employees are subject to a Group III offense under Operating Procedure 135.1 Standards of Conduct and may be prosecuted under the Code of Virginia." The Random staff were able to give examples of what they do in their daily jobs that help in protecting, detecting, and responding to</p>

incidents of sexual misconduct. The staff reported awareness of the Probationers' and staff's rights to be able to report a concern without fear of retaliation. Staff were aware of individuals at greater risk and the symptoms they learned in the training of individuals who might be victims of abuse. Interviewed staff provided examples of different reasons sexual violence may occur in an institutional setting. A portion of the materials goes over staff standards of conduct, avoiding fraternization with Probationers, and the mandatory responsibility to report individuals who violate the policy. Staff also were able to discuss what they learned about working with LGBTI Probationers. Staff knew transgender and intersex Probationers have a search procedure and using the preferred pronouns when speaking with the Probationer. Staff undergoes classroom training or online courses with a test to ensure subject knowledge. The staff are also given updates when policies are adjusted, and the DOC's PREA/ADA unit puts out a monthly newsletter that refreshes staff on key issues in compliance. The policy on Training and Development (350.2) also covers the elements of the standard.

Indicator b). The training materials are developed for statewide use; as such, its curriculum addresses working with male and female victims of abuse. Harrisonburg Community Corrections Alternative Program did have one staff transfer of any employee who had worked in a female-only environment in this audit cycle. Policy 102.6 (page 4) language reinforces the DOC's expectation of gender-specific training "Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa." The staff member confirmed she went through an orientation process when she transferred to HCCAP which covered working with males.

Indicator c). The Virginia DOC trains individuals on an annual basis in PREA. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. New employees still receive classroom training on PREA at the state's academy. The Auditor looked at personnel records, and training rosters to also confirm that all staff are getting PREA training regularly. Employees also report information is refreshed or updates explained in shift briefings.

The Auditor also pulled a random 16 HR files of staff to review training records.

Indicator d). The training records reviewed by the Auditor confirmed that staff signed an acknowledgment form that they understood the content of the training. The Auditor also was provided with each employee's test. Employees must receive a 100% score or must retake the questions the employee got wrong. This is done to ensure a full understanding of the staff expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. The employees also complete an acknowledgment form that list the 10 items in indicator (a) and their continued responsibility to comply with the agency's PREA policy and the requirement to report all concerns.

Compliance Determination:

The Auditor has determined the facility has appropriately trained its staff in the areas required by this standard. Facility staff were well educated in the training topics mandated in the standard by being able to give examples to the Auditor questions related to the 10 required training elements. The Auditor reviewed facility policies and procedures, training curriculums, materials, training rosters, and staff exams. The Auditor reviewed 24 current employee training records when onsite. The facility provides training more often than the requirements of this standard as it trains staff annually. The PREA/ADA unit further supports ongoing training through the publication of a monthly newsletter that reinforces PREA topics and training modules. The Auditor determined compliance based on staff has retained the knowledge received from training, reviewed training materials, interview with PREA Compliance Manager, and staff training records.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 584 356">OP 027.1 Volunteer Programming</p> <p data-bbox="240 387 627 414">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 445 509 472">OP 102.6 Staff Orientation</p> <p data-bbox="240 504 611 530">OP 350.2 Training and Development</p> <p data-bbox="240 562 443 589">Training powerpoint</p> <p data-bbox="240 620 571 647">Guide to Maintaining Boundaries</p> <p data-bbox="240 678 611 705">Memo on contractors and volunteers</p> <p data-bbox="240 736 734 763">Volunteer and Contractor acknowledgment forms</p> <p data-bbox="240 848 679 875">Individuals interviewed/ observations made.</p> <p data-bbox="240 907 557 934">Contracted Employee Interview</p> <p data-bbox="240 1019 488 1046">Summary determination.</p> <p data-bbox="240 1131 1485 1395">Indicator a). Harrisonburg Community Corrections Alternative Program has not had any volunteers in the past year. The Facility does train staff contracted staff that work with the individuals on-site. The Chaplin was retrained in November of 2021 after COVID-19 restrictions were lifted. The Virginia Department of Corrections and the Harrisonburg Community Corrections Alternative Program have in place a system to ensure all contractors and volunteers are trained regarding the Probationers' rights to be free from sexual abuse, the agency's zero-tolerance policy for individuals who violate such, the potential criminal charges. Policy OP 350.2 states, "Contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. (§115.32, §115.232)</p> <p data-bbox="240 1426 1474 1552">i. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="240 1583 1466 1641">ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="240 1673 1217 1700">iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.</p> <p data-bbox="240 1731 1209 1758">iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training."</p> <p data-bbox="240 1789 1490 1915">The Auditor was provided a sample of the information on various contractors get on the Prison Rape Elimination Act. HCCAP only has one contractor that works with the probationer, the Chaplin. The other are approved maintenance staff who get training. The Chaplin reports the training did cover PREA, probationer's rights to be free from abuse, zero-tolerance culture, and how to report a concern.</p> <p data-bbox="240 2000 1485 2161">Indicator b). As noted in Indicator (a), the Virginia Department of Correction provides significant training to both its contracted and volunteer staff. The Auditor was able to confirm through the interview process that the individuals spoken with had a clear understanding of the zero-tolerance culture, how to avoid an inappropriate relationship with probationers, and how to report a concern. Contracted Employees providing direct service receive the same annual training as the DOC staff. Individuals volunteering or contractors providing limited Probationer contact services receive an orientation program that</p>

includes an overview of PREA, according to the PREA Compliance Manager.

Indicator c). The Auditor was able to review the training record of contractors. The individuals signed initial orientation forms when first allowed into the facility.

Compliance Determination:

The Harrisonburg Community Corrections Alternative Program is prepared to provide training to contracted employees and volunteers that is based on the level of contact with the Probationers. Individuals with more direct and frequent contact receive the same training from the department on PREA and how to report a concern. Interviews, training materials, and records support there is a process to ensure all individuals who come to the facility are educated on the Probationers' right to be free from sexual abuse, sexual harassment, and retaliation for reporting any such misconduct. The interview also confirmed the individuals knew their requirement to report any knowledge or suspicion of such misconduct. The Auditor finds the HCCAP to be compliant with the expectations of this standard. The determination was based on the materials reviewed, policies in place, and formal and informal interviews completed.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP-038.3 Prison Rape Elimination Act.</p> <p>Policy OP-810.2 Transferred Offenders and Receiving Operations</p> <p>Probationer Orientation manual</p> <p>Zero Tolerance Postings</p> <p>Probationer Training Outline (intake)</p> <p>Probationer Training Outline (comprehensive)</p> <p>Probationer acknowledgment Forms</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Person</p> <p>Interview with Probation Officers</p> <p>Interview with Probationers</p> <p>Observation on tour of PREA Signage in two languages</p> <p>Indicator (a) All Probationers are provided information about PREA upon admission to HCCAP. The Probationers have often been exposed to PREA through other VA DOC facilities before their admission at HCCAP. At intake, Probationers report being provided a description of PREA, and how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The Auditor was explained the admission process during the tour, including the information the intake officer goes over routinely related to PREA, the information provided in documents, and the video. The Auditor was not able to observe an intake due to no admissions but was able to confirm with Probationers that they were provided information about PREA in the first hours in the facility. In addition to written documentation about PREA that is reviewed at intake, all Probationers see a PREA educational video and have continued access to information on the site.</p> <p>Indicator (b) All Probationers at HCCAP are provided with a review of the facility-specific PREA information with their caseworker in the first few days in the facility. There is reportedly an orientation group the night a Probationer arrives that ensures they understand how the program works, including PREA. Case workers also report they will follow up during their initial meeting to see if there are any further questions the person was not able to ask in the group setting. The education includes the Virginia Department of Correction's Zero Tolerance toward sexual abuse or sexual harassment. Policy 940.4 states, "Each probationer/parolee will receive a complete orientation. The orientation must be completed within five working days of the probationer's/parolee's arrival. At the time of the orientation, the staff member providing orientation and the probationer/parolee must sign and date a written statement acknowledging receipt of the orientation." It goes on to state, "PREA probationer/parolee education must be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA).</p> <p>a. Within 10 days of arrival, the probationer/parolee must receive the comprehensive PREA training using the Preventing Sexual Abuse & Sexual Assault Trainer Outline (Comprehensive), and will sign the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training 038_F4; see Operating Procedure 038.3, Prison Rape Elimination Act (PREA)</p> <p>b. In addition to providing such education, the facility will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats."</p> <p>Random Probationers confirmed education into PREA. Probationers confirm verbally in the interviews they have received</p>

education about PREA and how to report a concern. All 195 admissions held over 72-hours in the 12-month prior were reportedly completed on time. A review of 15 spot-checked files, training documents, and Probationer interviews support compliance with the indicator.

Indicator (c) All Probationers at the Harrisonburg Community Corrections Alternative Program have received an education on PREA and how to report any concern. Probationer education is documented. Random probationers confirmed that PREA was addressed at admission or upon transfer from their prior prison. There are no probationers who were in the Harrisonburg Community Corrections Alternative Program before the PREA law implementation. Many random Probationers pointed to signage in the units that educate Probationers (#55) about PREA and others mentioned the PREA Brochure and the PREA Video.

Indicator (d) Education is available in multiple languages and forms from written to video to large print documents. Probationers support that they can go to staff if they need assistance in the comprehension of written or oral PREA education. HCCAP does not currently have any individual with significant impairments that require accommodations. The aid is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations, or those who cannot read. Many Probationers stated that PREA was not a concern, but they knew the information was available and stated some people could help, including line officers, Probation Officers, or the PREA Compliance Manager, or dial #55. The Auditor saw PREA Information in two languages during the tour. The PREA Coordinator would be made aware of any disabled individuals as she also oversees the ADA compliance for the DOC. The Auditor met ADA staff who visit the facilities to monitor compliance and aid in service linkage.

Indicator (e) As noted in indicator (b), The Auditor reviewed 15 files supporting compliance with the documentation of PREA education. Records were reviewed for a random sampling of clients. This supports they have received PREA education. Agency policy takes the additional step to require if any audit of the client file does not have written proof of education, the Probationer is required to undergo reeducation immediately. Probationer met with confirmed they attend the training and are required to sign an acknowledgment form.

Indicator (f) Agency Policy OP-810.2 Transferred Offenders and Receiving Operations states, "Each institution will ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats." Observations throughout the tour support there are materials available to Probationers continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested periodic video refreshers be made available to Probationers or to consider adding it to the Probationer tablet system.

Compliance Determination

PREA is a term the Probationers are familiar with at HCCAP. The Virginia Department of Corrections Policy OP 038.3 PREA-Prevention sets forth (on pages 4-5) the expectation of the timeliness of Probationer education, manners in which education is delivered, and the requirement for materials for LEP and disabled Probationer education. Probationers at HCCAP confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the Probationer during a day one orientation class. This class has a PREA video, and the supervisor running the class goes over the Probationer handbook that contains PREA information. The information reviewed is signed by the Probationer and placed in their case record. The facility has PREA educational materials continuously available to Probationers in the form of brochures and posters. This video is available in multiple languages. Probationers have access to documents that can be translated into multiple languages as needed.

During interviews with Probationers, they expressed several ways to contact the administration or outside individuals if they did not have comfort in telling the line staff. Many of the Probationers stated that PREA was not a concern at the HCCAP. They also reported they believed any complaint would be taken seriously and investigated.

Compliance determination considered the supporting educational documents, the Probationers' answers about training, and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education and the probationer education training materials.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 678 356">Policy OP 030.4 Special Investigations Unit</p> <p data-bbox="242 387 678 414">Policy OP 350.2 Training and Development</p> <p data-bbox="242 445 748 472">Training for Institutional Investigators (PowerPoint)</p> <p data-bbox="242 504 542 530">VA DOC Investigator Training</p> <p data-bbox="242 562 932 589">NIC training on investigating sexual assaults in a Correctional Setting</p> <p data-bbox="242 620 440 647">Investigation Matrix</p> <p data-bbox="242 678 574 705">SIU Investigator Training records</p> <p data-bbox="242 736 609 763">Facility Investigators training records</p> <p data-bbox="242 848 678 875">Individuals interviewed/ observations made.</p> <p data-bbox="242 907 478 934">Interview with SIU Staff</p> <p data-bbox="242 965 588 992">Interview with HCCAP Investigator</p> <p data-bbox="242 1023 541 1050">Interview with Superintendent</p> <p data-bbox="242 1135 488 1162">Summary Determination</p> <p data-bbox="242 1193 1477 1417">Indicator (a) The Virginia Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations Unit (SIU) Agents who are official Law Enforcement with full powers of arrest in the state of Virginia. The Virginia DOC employs criminal investigators by region to investigate unlawful conduct in the facilities, including sexual assault and sexual harassment. These individuals are required by policy OP 350.2 Training and Development, "Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 1449 576 1476">Specialized training shall include:</p> <ul data-bbox="242 1507 1477 1682" style="list-style-type: none"> <li data-bbox="242 1507 842 1534">i. Techniques for interviewing sexual abuse victims <li data-bbox="242 1565 783 1592">ii. Proper use of Miranda and Garrity warnings <li data-bbox="242 1624 1477 1682">iii. Sexual abuse evidence collection in confinement settings iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral." <p data-bbox="242 1713 1452 1740">DOC SIU Agents have received training in completing investigations consistent with the Virginia statutes and DOC policy.</p> <p data-bbox="242 1749 1477 1937">The Department of Corrections has a cadre of 19 SIU staff members trained on how to complete sexual assault investigations of the correctional setting. In addition to SIU, the facility has a Lieutenant and Senior Probation Officer who also completed specialized training on investigating PREA allegations in the facility. The Virginia policy has the facility investigators make an initial assessment of the situation unless the allegation is clearly criminal, and SIU would immediately be called. The facility investigator will respond to all allegations to ensure in the case of a criminal act, the scene and evidence are protected until the criminal investigator arrives.</p> <p data-bbox="242 2031 1477 2157">Indicator (b) The Virginia Department of Corrections has two training resources to ensure staff understands how to complete sexual assault or harassment investigations in a correctional setting. The Agency utilizes both the National Institute of Corrections online course PREA: Investigating Sexual Assault in a Confinement Setting and agency developed course. The Agency course, reviewed by the Auditor, contained all the relevant topics required in this standard and was developed in</p>

conjunction with the Moss Group. The interview with the trained investigators confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral.

Indicator (c) Training records were provided for onsite staff who complete investigations and for 19 staff from throughout the Department of Corrections who would complete criminal and administrative investigations at HCCAP, including the investigator interviewed by the Auditor. Policy OP 030.4 Special Investigations Unit (page 10) states, "The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators." The Auditor was provided documentation for the statewide SIU employees and the current facility investigators.

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

Compliance Determination:

The Virginia Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting.

Documents and interviews support that the facility's investigators are trained in the requirements of a PREA-related investigation. Given the number of DOC-trained SIU Agents, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility meets the standard expectations. The Auditor made compliance determination based on policy, training materials provided and the interview with facility and SIU investigators. There were no incidents to review to compare the training's practical application.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 102.6 Staff Orientation</p> <p>Policy 350.2 Training and Development</p> <p>Policy 701.1 Health Service Administration</p> <p>Policy 720.7 Emergency Medical Equipment and Care</p> <p>NIC Courses for Medical and Behavioral Health Staff on Working with Victims in Corrections</p> <p>NIC Certificates</p> <p>Individuals interviewed/ observations made.</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Rockingham Memorial Hospital Staff</p> <p>Summary Determination</p> <p>Indicator (a) the Harrisonburg Community Corrections Alternative Program employs the services limited medical services on-site. Mental Health Services are by referral or treatment plan and there is one QMHP for HCCAP. The agency trains healthcare staff with the use of the National Institute of Corrections courses on PREA-specific considerations for the medical and behavioral health staff. Included in the training materials was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before being transported to the hospital for a rape kit. Medical and Mental Health staff knew who to report PREA concerns to in the facility and within their supervision chain. Supporting documentation considered included the facility's PREA response plan. Agency policy also covers the language of the standard. "The Health Authority and/or Institutional Training Officer will document that all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." <p>Interviews also support that the healthcare staff are trained to support the individual once the initial forensic exam has been completed. The nurse confirmed she would follow up with the Probationer if they had refused any of the initial treatment recommendations at the hospital. The mental health staff supported they would also provide frequent check-in and assessment post a sexual abuse incident.</p> <p>Indicator (b) The staff do not complete a forensic exam. Discussions with the Rockingham Memorial Hospital (RMH) confirmed the availability to have trained nurses perform sexual assault exams. RMH currently has seven certified SANE nurses. They use an on-call system and can also transfer patients to another regional hospital with SANE-trained staff if none is available at RMH.</p> <p>Indicator (c) Documentation was provided to the Auditor for the healthcare staff confirming the specialized training was completed. The Auditor reviewed the training materials and considered the staff's knowledge of the materials.</p>

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

Conclusion: Medical and Mental Health staff who work at Harrisonburg Community Corrections Alternative Program have taken the required specialized course through the NIC and can attest to the information they learned. The Auditor is familiar with the course content, having reviewed it in previous audits. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with the healthcare staff at HCCAP to ask questions as well as staff on tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer Probationers to for an exam by a SAFE or SANE if needed. Policies reviewed by the Auditor to determine compliance along with interviews, a review of the training program for Medical and Mental Health Staff, and training records figured into the compliance determination. The Auditor also took into consideration the availability of SAFE nurses in the local hospital.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 730.2 Screening Assessment and Classification</p> <p>Policy OP 810.1 Offender Reception and Classification</p> <p>Policy OP 810.3 Transferred Offender receiving and Orientation</p> <p>Policy OP 861.1 Offender Discipline</p> <p>Client Classification Screenings</p> <p>Client Reassessments</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Armor staff.</p> <p>Interview with Intake and Screening staff</p> <p>Interview with Superintendent</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) All Probationers who are admitted or transferred to Harrisonburg Community Corrections Alternative Program will be assessed with an objective screening. This requirement is outlined in policy OP 810.1 (pages 5), which states, "Within 24 hours of arrival, prior to bed assignment, a Classification Assessment will be completed in VACORIS for each new offender entering the DOC and housing assignments made accordingly." The policy goes on to state, "Utilizing the results of the Classification Assessment in VACORIS and available offender records, staff will screen the offender for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and will interview and evaluate the offender for High-Risk Sexual Aggressor (HRSA) and/or High-Risk Sexual Victim (HRSV) tendencies." Policy OP 810.2 sets forth the same requirements for individuals who are transferred in the DOC system on page 4. Evidence supporting that Probationers are screened was provided in advance in the OAS, showing completions over the past year.</p> <p>Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Virginia DOC requires the screening to be completed in the first 24 hours, which exceeds the standard expectations. The review of the screening reports supports this practice standard is met. The probationer spoken with also confirmed they are met in the first 24 hours after they are admitted. The intake staff confirmed that the screening would be done the next morning if transfers arrived late from other parts of the state. The Facility provided a memo stating a self-assessment completed this past winter discovered that 25% of the screenings or reassessments were not done in a timely manner. The facility took immediate steps to resolve the issue by completing screening on individuals who were outside the standard. The Auditor also selected 15 files to review on-site from the current population and upload to the OAS. 100% of the files reviewed were completed on time. Though the facility reported past concerns, the resolution appears to have been successful since no individual was initially screened outside the 72 hours window from admission.</p> <p>Indicator (c) The Virginia DOC developed a screening of probationers for potential risk of sexual violence or sexual victimization. The Screening uses an objective tool utilizing information from the Probationer's criminal records, information from other correctional settings, and the client's self-reported information. The Auditor was provided with the materials on</p>

administering and scoring the tool to ensure that the application is objective. The screening information has been put into VACORIS an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked and other sources of information considered in scoring the tool. Files were reviewed in advance of the audit, and the Auditor requested a random sampling of files on-site, as noted in indicator (a). Since there were no admission on the day of the interview, the Auditor relied on interviews with the screener. The Probation Officer described how she completes the screening process. The tool and the description of how information is gathered and scored support an objective process that allows anyone trained to come to the same scoring outcomes. The PREA policy also sets forth an assessment of the probationer's risk. It states, "Utilizing the results of the offender's Classification Assessment in VACORIS and available offender records, all offenders are screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior at intake, transfer, and as needed."

Indicator (d) A review of the objective tool used in Virginia DOC facilities shows that it accounts for all 10 elements required in this indicator. There are 28 different questions that score an individual as High Risk Sexual Agressor (HRSA) or High Risk Sexual Victim (HRSV).

Indicator (e). The Probation Officer stated the tool asks questions about the probationer's history of violence, including sexual abusiveness. The review of the tool supports they considered behaviors that occurred in the community and prisons.

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

- i. The PREA Reassessment must be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the institution.
- ii. Completion of the Reassessment must be documented as a PREA Reassessment in the Facility Notes section of VACORIS.
- iii. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding PREA Reassessment note.

As noted in indicator b) the facility identified in a self-assessment that not all individuals were being reassessed in a timely fashion. Of the 15 random files pulled by the Auditor on-site, the Auditor found 11 individuals were in the facility long enough to have had a reassessment. Of the 11 files reviewed, 10 were shown to be compliant with VA policy of having the reassessment done in the first 21 days. One of the files, a November 2021 admission, was identified in the facilities self-assessment and documentation of the reassessment. The Auditor finds that previous concerns have been addressed and resolved. The Auditor based this decision on the evidence that all other files randomly selected were completed in time.

Indicator (g) The Auditor asked the screening staff why a reassessment would occur. The probationer would be reassessed if they were either the victim or the perpetrator of sexual violence if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. Policy OP 730.2 Screening Assessment and Classification states, "An offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness."

There have been no reasons in the past year that an individual needed to be reassessed at HCCAP. If the facility had an HRSA individual, the policy requires an annual reassessment. "Mental Health staff will complete an annual follow-up to monitor and assess the current level of functioning, risk, and needs for those offenders who are designated HRSA."

Indicator (h) The Auditor confirmed that probationers are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with a Probation Officer, who completes the initial screening and completes the re-assessment. A random sampling of probationers also confirmed you could not get in trouble for not answering these questions.

Indicator (i) The Virginia Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the client's more sensitive

information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Limited information is shared through the Unit management structure to ensure safety but critical information that might be used to exploit an Probationer is kept to a limited few individuals. The PREA screening results can only be seen by the Probation Officers (case managers), the Lieutenants who make housing movement decisions, and the upper administration.

Compliance Determination:

The Harrisonburg Community Corrections Alternative Program ensures all probationers are screened for risk of sexual victimization or sexual abusiveness. The policy requires that all Probationers be screened initially within 24 hours and reassessed within 14-21 days. The Agency has in place the ability, when warranted, to reassess a Probationer because of a request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. VACORIS the Virginia DOC electronic case file system provides security limiting individual's access to scoring.

The objective tool was developed by Virginia DOC and has clear guidelines for its use. The tool accounts for all factors required in indicators (d) and (e). The screening staff confirmed probationers could not be punished for refusing to answer questions about sexuality, prior victimization, and vulnerability. Interviews with staff and probationers further support that the appropriate questions are being asked.

Compliance was determined based on the sample screens reviewed consistent with the required content. The probationers confirm questions asked are consistent with the described screening and reassessment process. The facility and the VA PREA Office discovered and resolved a concern of the timeliness of screenings consistent with the standard. The Auditor finds the facility has resolved this concern as evident based on a random sampling of 30% of the current population. The Auditor also took into consideration the evidence of the corrective steps in the file that was initially out of compliance.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP OP 23.8 Management of Transgender and Intersex Probationers</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 730.2 MHWS Screening, Assessment and Classification</p> <p>Policy OP 940.4 Community Corrections Alternative Program</p> <p>Client Classification Screenings</p> <p>Client Reassessments</p> <p>HRSA/HRSV reports in CORIS</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with Intake Officer</p> <p>Interview with Random Staff</p> <p>Interview with random Probationers</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Virginia DOC PREA policy OP 038.3 addresses prevention efforts and covers the 5 elements of this standard indicator (Pages 6-7). "Facility staff will use information from the offender's Classification Assessment in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff will make individualized determinations about how to ensure the safety of each offender." The PREA screen used at HCCAP provides immediate assistance in determining the appropriate housing unit and bed placement for any new Probationer. If an individual is a known perpetrator of sexual offenses, they would be prohibited from being placed in the same unit as an individual with a known victim history. The shift commander would reportedly place individuals who are likely to be victimized in bunks closest to the housing officer's desk. Through a multi-discipline team, unit staff determines when a probationer is ready to transition to work or programming. The team would review where a potential conflict would be identified. The Auditor was provided examples of the report available in VACORIS that breaks out individuals who score as high risk for sexual aggression or being victimized.</p> <p>Indicator (b) As noted in the policy statement in indicator (a) the safety of the Probationers is considered throughout the Probationer's stay. The facility has staff Probation staff regularly meet individuals allowing for informal check-ins where safety concerns could be disclosed. Staff interviewed identified the importance of being able to identify when the behaviors change. The random probationers reported they could reach out to the PREA Compliance Manager if they had any individual needs/concerns. Interviews with staff also confirm they would act if the probationers' voiced concerns. During the initial screening process, Probationers are asked about their perception of safety by custody and medical staff. Probationers also have an opportunity to discuss concerns about mental health with case management staff during the reassessment period.</p> <p>Indicator (c) Currently, the Harrisonburg Community Corrections Alternative Program has zero transgender or intersex individuals. The Harrisonburg Community Corrections Alternative Program is a single-gender male community correctional</p>

facility. Transgender probationers in the population would be housed in a bunk that provides the greatest staff observation are housed in general population beds. Agency policy states, "In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders and in making other housing and programming assignments for transgender and intersex offenders; staff will take into consideration whether an assignment would ensure the offender's health and safety and whether the assignment would present management or security problems. A transgender or intersex offender's view with respect to their own safety will be given serious consideration." The decision on where to house an individual who had previously disclosed their transgender or intersex status would be determined at a DOC administrative level. Any individual who discloses their status at HCCAP will be protected and will work with facility management to discuss steps to keep them safe. The Virginia DOC PREA Office would also be informed. Agency policy addresses the indicator also in policy 940.4. "Housing and programming assignments for transgender or intersex probationers/parolees will be made on a case-by-case basis and will take into consideration whether a placement would ensure the probationer's/parolee's health and safety and whether the placement would present management or security problems."

Indicator (d) The facility has not had a transgender person and as a result, there have been no meetings. Facility management, including the Superintendent and the PREA Compliance Manager, are aware of the expectations.

Indicator (e) Agency PREA Coordinator confirmed that a transgender Probationer would be allowed to make requests as to housing programming searches, medication, and personal items to improve their overall comfort in the facility. As Probationers progress in their treatment, the multi-disciplinary team would continue to assess the most appropriate housing. The agency also expects for the QMHP to meet and assess needs. Policy 730.2 states, "The Psychology Associate will notify facility staff responsible for making housing and programming assignments for transgender or intersex inmates of any relevant screening results that would present management or security considerations so staff, on a case-by-case basis, can make a determination that best ensures the inmate's health and safety." Policy 940.4, consistent with standard language, states, "A transgender or intersex probationer's/parolee's own views with respect to their own safety will be given serious consideration."

Indicator (f) DOC Policy 038.3 requires that transgender Probationers can shower separately from other Probationers. Shift commanders report transgender and intersex individuals who would be allowed to shower during the count when movements are most controlled. Policy 940.4 states, "Transgender and intersex probationers/parolees will be given the opportunity to shower separately from other probationers/parolees."

Indicator (g) The Virginia Department of Correction does not, by policy, practice, or legal requirement, house all LGBTI Probationers in one housing unit. There is no legal judgment requiring such a condition to exist. The policy prohibits this action "Lesbian, gay, bisexual, transgender, or intersex offenders will not be placed in a dedicated facility, housing unit, or wing solely on the basis of such identification or status" (OP 038.3). This was confirmed with interviews with the PREA Compliance Manager, random staff, and probationers. The Auditor reviewed the overall population but there were not multiple identified LGBTI individuals in the population to assess practice. Supervisors report that someone's gender status itself is not a factor for housing placement. One LGBTI probationer said that he did not feel singled out in anyway by staff or other probationers.

Conclusion: Virginia DOC Policy OP 038.3 Prison Rape Elimination Act described the use of the PREA Screening tool in Indicators (a) and (b). Policies OP 940.4 and OP 730.2 further address standard requirements. All individuals entering HCCAP are asked how they feel about their safety, which helps guide housing placement and programming. The Auditor confirmed with the PREA Coordinator and the Superintendent that multidisciplinary teams would meet to discuss each transgender Probationer's needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender probationers would have privacy during shower use.

The standard is determined to be compliant based on policy, supporting documents, and interviews with probationers and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 804 358">Policy OP 038.1 Reporting Serious or Unusual incidents</p> <p data-bbox="240 387 694 416">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 445 705 474">Policy OP 803.3 Offender Telephone Services</p> <p data-bbox="240 504 582 533">Policy OP 801.6 Offender Service</p> <p data-bbox="240 562 861 591">Policy OP 866.2 Offender Complaints Community Corrections</p> <p data-bbox="240 620 555 649">Memo on no reported incidents</p> <p data-bbox="240 678 440 707">VA PREA Brochure</p> <p data-bbox="240 736 432 766">HCCAP Handbook</p> <p data-bbox="240 795 389 824">PREA Posters</p> <p data-bbox="240 904 679 934">Individuals interviewed/ observations made.</p> <p data-bbox="240 963 526 992">Interview with Random Staff</p> <p data-bbox="240 1021 606 1050">Interview with Random Probationers</p> <p data-bbox="240 1079 689 1108">Observation on tour of Reporting information</p> <p data-bbox="240 1189 488 1218">Summary Determination</p> <p data-bbox="240 1247 1474 1442">Indicator (a) The Virginia DOC has multiple policies that address the concerns of this standard indicator. The Probationer reporting section of the PREA policy (OP 038.3) states, "Offenders can report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member including chaplains, medical, mental health or counseling staff, security staff, or administrators." It goes on to state, "Offenders are not required to report only to the immediate point-of-contact line officer; an offender may report such incidents to any staff member using any available manner to include:</p> <ul data-bbox="240 1529 1406 1704" style="list-style-type: none"> <li data-bbox="240 1529 1406 1592">i. Verbally in person to a staff member or through another third party who can assist the offender in filing requests for administrative remedies <li data-bbox="240 1621 1102 1650">ii. Verbally through the offender telephone system Sexual Assault Hotline Number #55 <li data-bbox="240 1680 1315 1709">iii. Written using an Offender Request or Informal Complaint, Regular Grievance, or Emergency Grievance." <p data-bbox="240 1738 1490 1933">The policy directs staff and Probationers on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker's action or inaction that led to sexual misconduct against a probationer. Random probationers interviews confirmed that they know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Probationers knew of the postings and options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Superintendent or by calling the PREA 'hotline' (#55).</p> <p data-bbox="240 1962 1474 2157">Indicator (b) The Virginia Department of Corrections has set up a way for Probationers can report a PREA concern to an outside agency. The phone numbers to access the local rape crisis agency Action Alliance are painted on walls prominently in each housing unit. The PREA Poster available has the address of Action Alliance if they do not feel comfortable reporting to DOC staff. Probationers were aware of these options and stated they could call attorneys or family members to report a concern. The probationers were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it.</p>

As noted, Action Alliance has set up, with the DOC, a reporting line and a treatment/support line. The Auditor tried the # 55 line from a housing unit which prompts you to either press 1 to report a complaint or 2 to speak with a rape crisis advocate. The Auditor called the Hotline and the state PREA Coordinator confirmed she received a notification. The Auditor confirmed with Action Alliance that the reporting process allows them to report all concerns while allowing the individual to remain anonymous. By allowing the Probationer to choose to report a concern separate from seeking emotional support, they can report the complaints back to the DOC for investigation. The Auditor also spoke with the local RCC, the Collins Center. The Representative confirmed they had not received any calls from any HCCAP residents on their hotline.

Indicator (c) Interviews confirm consistent with agency policy (OP 038.3 Prison Rape Elimination Act page 8-9) that all staff take any report of a PREA-related incident seriously and report the concern to a superior or the facility investigator. Random staff knew that they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported and documented in writing. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on a fellow employee's actions or failure to act that leads to a sexual assault. Policy 038.1 Reporting Serious or Unusual incidents also addresses the indicator. "Staff must accept reports made verbally, in writing, anonymously, and from third parties and must promptly document verbal reports as an Internal Incident Report with PREA checked in the description field."

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

Conclusion: Virginia Department of Corrections has several policies that promote staff and probationers reporting. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment, whether it was done verbally, in writing, anonymously, or by a third party (indicator (c)). Probationers interviewed were aware of multiple ways they could report, including telling staff, calling the hotline, mailing administration or the rape crisis agency. Posters are seen on the housing units during the tour, directing probationers to call or write Action Alliance. Probationers spoken to formally and on tour reported comfort in speaking with staff, especially the facility PREA Compliance Manager if they had a concern. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed on tour, and the interview of random staff, probationers, Rape Crisis representatives, PREA Compliance Manager, and PREA Coordinator. The Auditors also successfully tested the reporting phone system with the regional PREA Analyst who was notified of the call.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 692 356">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 387 860 414">Policy OP 866.2 Offender Complaints Community Corrections</p> <p data-bbox="240 445 520 472">HCCAP Investigation Chart</p> <p data-bbox="240 504 531 530">Memos from Superintendent</p> <p data-bbox="240 616 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="240 674 600 701">Interview with facility PREA Monitor</p> <p data-bbox="240 732 563 759">Interview with PREA Office staff</p> <p data-bbox="240 790 542 817">Interview with Superintendent</p> <p data-bbox="240 848 563 875">Interview with Grievance Officer</p> <p data-bbox="240 907 608 934">Interview with Random Probationers</p> <p data-bbox="240 1019 443 1046">Observation on tour</p> <p data-bbox="240 1077 488 1104">Summary Determination</p> <p data-bbox="240 1135 1458 1292">Indicator (a) The Harrisonburg Community Corrections Alternative Program is not exempt from the standard; Probationers can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a probationer can file a grievance. "All offenders in each Community Corrections Unit must be advised that they have complaint/grievance procedures including at least one level of appeal available to them." The Superintendent reports no grievance forms were filed for sexual assault or sexual harassment allegations.</p> <p data-bbox="240 1382 1481 1610">Indicator (b) Agency policy and client handbooks support the Probationer can file a grievance to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency policy OP 866.2 Offender Grievance sets forth language consistent with the standard. The policy denotes, "The facility will not impose a time limit on when an offender can submit a complaint/grievance regarding an allegation of sexual abuse." The policy also states, "Otherwise-applicable time limits will apply to any portion of the complaint that does not allege an incident of sexual abuse. Nothing in this section will restrict DOC ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired."</p> <p data-bbox="240 1641 1489 1798">Staff are directed in the grievance policy to accept and report all allegations of sexual misconduct. "Staff will accept any report of PREA related issues and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA will be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents."</p> <p data-bbox="240 1888 1481 1982">Indicator (c) The facility has mailboxes where probationers can submit confidential letters to the PREA Compliance Manager or the Superintendent. They can also write the state PREA Coordinator Office at the DOC headquarters. Probationers interviewed report mail or grievances to be the less common way to report than telling staff or dialing #55.</p> <p data-bbox="240 2072 1437 2130">Indicator (d) Policy OP 866.2 Offender Complaints Community Corrections sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy.</p>

"A. All complaints must receive a documented response within 30 days unless otherwise agreed. Written responses are preferred, but oral responses to oral complaints will be documented in the VACORIS Log Notes.

B. The offender may appeal to the Unit Head if not satisfied with the supervisor's response. All complaints must receive a documented response within 30 days unless otherwise agreed. Written responses are preferred, but oral responses to oral complaints will be documented in the VACORIS Log Notes.

C. The Unit Head is the final level of appeal for all complaints except those complaints regarding the Unit Head and complaints alleging sexual abuse and sexual harassment.

D. The Regional Administrator will be the final level of appeal for complaints regarding the Unit Head and allegations of sexual abuse and sexual harassment. Written response should be provided within 30 days."

There were no grievances to review the timeliness of responses.

Indicator (e) The grievance policy states probationers may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. "Third parties, including fellow offenders, staff members, family members, community employers, attorneys, and outside advocates, will be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and must also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on their behalf, the facility will document the offender's decision."

Staff were also aware they need to accept all complaints or grievances from third-party individuals.

Indicator (f) Policy OP 866.2 describes the provisions for an emergency grievance.

"D. Facility staff will immediately forward all emergency complaints alleging that an offender is subject to a substantial risk of imminent sexual abuse to the Shift Commander who will determine if immediate

corrective action is warranted.

1. An initial response to the complaint must be provided to the offender within 48 hours and a final decision must be provided within five calendar days.

2. The initial response and final decision must include a determination whether the offender is in substantial risk of imminent sexual abuse and any action taken in response to the complaint."

The forms have tracking numbers to allow for systematic review by the administration and prevent them from being diverted. There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with administration support that allegations of recent sexual abuse would be handled as an emergency grievance and be investigated by trained investigators.

Indicator (g) Probationers can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. The facility grievance policy covers this language. "There shall be no reprisal against any offender for complaints submitted in good faith." There were no grievances filed that were alleged to have been filed in bad faith.

Compliance Determination

Harrisonburg Community Corrections Alternative Program is not exempt from the exhaustion of administrative remedies. The Virginia Department of Corrections has a policy in place that covers the Probationers' at HCCAP rights to seek administrative resolutions. There were no instances in which an emergency grievance was filed related to sexual abuse. Probationers interviewed knew they could file a PREA-related concern through the grievance process but acknowledged it would not be as quick in resolving as telling a staff person directly or calling the PREA Hotline. Probationers report they can get assistance from other probationers in completing forms if needed. Compliance determination relied on the policy and interviews with the PREA Office staff, the Superintendent, the PREA Compliance Manager, and random probationers who were aware of the grievance process as a possible avenue to report a Sexual Misconduct concern.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>MOUs with Action Alliance</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Interview with Action Alliance staff</p> <p>Interview with Collins Center representative</p> <p>Interviews with Random Probationers</p> <p>Signage reporting PREA in multiple languages</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Virginia Department of Corrections policy OP 038.3 Prison Rape Elimination Act requires on page 13 the agency ensures a current MOU with a rape crisis organization. "The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to free, confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA/ADA Supervisor." The Harrisonburg Community Corrections Alternative Program provides access to the local rape crisis agency. Action Alliance will provide phone support and assign staff or work with other local providers if the Probationer requests face-to-face support. The Agency's employees are considered professional visitor status, which allows for confidential communication. Probationers can communicate by phone to Action Alliance utilizing #55 on the unit phones which will not record the conversation. The Auditor confirmed with the local rape crisis agency, the Collins Center, that they have a working relationship with Action Alliance and the local hospital. Given the distance from Richmond, Action Alliance may ask the local RCC to provide any in-person support.</p> <p>Indicator (b) All Probationers interviewed understood that calls to the Hotline would be reported back to the institution. If a probationer dials #55 and chooses option two, they can have confidential communication which will not necessarily be reported. Probationers were aware the phone calls were not recorded if they called the rape crisis agency. The Auditor confirmed with probationers and advocacy organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog. Visits occur in the administrative building basement.</p> <p>Indicator (c) The Department of Correction has a Memorandum of Understanding with Action Alliance which covers Harrisonburg Community Corrections Alternative Program. The agreement is renewable. The Auditor was able to review MOUs dating back to 2014 and the annual renewal of the agreement from 2015 through the current contract that expires in 2023.</p> <p>Conclusion: Probationer victims at HCCAP can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Action Alliance of Richmond, Virginia, to provide support to victims (Indicator (c)). Action Alliance is part of a Coalition of Sexual Assault and domestic violence service. As part of the audit process, the Auditor spoke by phone to an Action Alliance representative, who confirmed their ability to provide service at DOC facilities. The agency Investigator knew about the importance of offering the support of Action Alliance and its affiliates during the</p>

investigation. The PREA Brochure and signage at the facility had a toll-free number for Probationers to access from the unit phone in the facility.

Requirements for compliance with this standard are covered by agency policy OP 038.3 Prison Rape Elimination Act. In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the probationer's knowledge of accessing services. Probationers could identify how confidential the communication is within the facility, including mail and telephone contacts. Probationers knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see on the tour posters for Action Alliance.

115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Virginia DOC Website (third party reporting)</p> <p>PREA Posters on Housing units</p> <p>information of the PREA report Hotline</p> <p>forms for third party reporting</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Random Staff Interviews</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Virginia Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow Probationers, family, or friends. Information can be given in person, by phone, e-mail, US mail, or by contacting the agency PREA Coordinator through the agency website VADOC.Virginia.Gov. There is information directing Probationers in the PREA brochure, PREA poster, and on the website noted above. The staff was aware that they must take all reported concerns about PREA potential violations, including third parties. The facility phones allow for Probationers to dial out to the advocates free of charge. The agency PREA policy addresses the standard, "Third parties including other offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders.</p> <p>a. If a third party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf, as a condition of processing the request. The alleged victim will also be required to personally pursue any subsequent steps in the administrative remedy process.</p> <p>b. If the offender declines to have the request processed on their behalf, facility staff must document the offender's decision.</p> <p>c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site."</p> <p>The HCCAP has had no reported third party reporting of sexual misconduct concerns.</p> <p>Conclusion: Virginia Department of Corrections has put in place multiple resources for Probationers and families to report a PREA related concern. The PREA Office is responsible for fielding all calls and emails, including third-party sources. As part of the audit process, the PREA Auditor tested the unit Phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems VA DOC has put in place to support the probationers. Random staff interviews further supported compliance as they knew that they needed to report all third-party complaints no matter the source. Finally, the Auditor considered the several options listed on the state's website for filing a PREA Complaint and the annual report that delineate the number of calls by region and facility.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 038.1 Reporting Important or Serious Incidents</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 730.2 MHS Screening, Assessment and Classification</p> <p>OP 801.6 Offender Services</p> <p>reports documenting reports made by/to third party, anonymous or medical/mental health staff</p> <p>Virginia Department of Social Services Website</p> <p>Virginia Laws on vulnerable adults- State Website</p> <p>Memos confirming no reports to DSS or Medical or Mental health</p> <p>Individuals interviewed/ observations.</p> <p>Random Probationers</p> <p>Random Staff</p> <p>Superintendent</p> <p>Medical Staff</p> <p>PREA Compliance Manager</p> <p>SIU and Facility Investigators</p> <p>Summary determination.</p> <p>Indicator a). The Harrisonburg Community Corrections Alternative Program has trained its staff and contractors, on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. Several policies direct staff on such expectations. PREA policy OP 038.3 (page 5) utilizes the language of the standard to set forth this expectation. It reads, "Any employee, volunteer, or contractor shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations no matter the source or their personal beliefs as to the validity of the claim. Lacking any allegations, the Auditor could not review any incident reports to support compliance</p> <p>Indicator b). The Department of Corrections policy OP-038.1 Reporting Important or Serious Incidents (page 5) states, "Apart from reporting to designated supervisors or officials, any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions." Random staff interviewed were able to voice the expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence. The Auditor asked the random staff as part of the description of first responder duties.</p>

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

Indicator d). The facility does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the State Department of Social Services. The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that there are additional charges that may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various Virginia websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Superintendent confirmed that no case in the last 12 months had to be reported to the Department of Social Services.

Indicator e). The Superintendent, PREA Compliance Manager, and facility Investigators confirmed that all allegations of sexual misconduct are reported to the facilities intelligence unit to initiate an investigation of the claim. If information supports a criminal act has occurred, the agency's Special Investigation Unit is then involved. PREA policy supports that all allegations are referred for investigation. The Auditor also spoke with a SIU representative about how they get notified and respond to cases.

Compliance Determination:

The Virginia Department of Corrections has put into place policies that support the expectations of the standards. The Language is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The Harrisonburg Community Corrections Alternative Program staff and probationers have been educated on reporting expectations and that all claims, no matter the source, will be investigated. Probationers and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical or mental health setting. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor's interviews supported a staff that is well trained in the expectations of the standard. Absent an allegation, compliance was based on policy, and interviews.

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 720.2 Medical Screening, Classification, and Levels of Care</p> <p>OP 940.4 Community Corrections Alternative Program.</p> <p>Memo of no reported incidents</p> <p>Individuals interviewed/ observations made.</p> <p>Director of VA Department of Corrections</p> <p>Superintendent</p> <p>Random Staff</p> <p>Summary determination.</p> <p>Indicator a). The Department of Corrections has at its resources several options to ensure the safety of a probationer who is at imminent risk of sexual abuse. Policies set expectations. "When a staff member, volunteer, or contractor learns that an offender is subject to a substantial risk of imminent sexual abuse, the individual must notify their supervisor, or the Officer-in-Charge (OIC) so that immediate action can be taken to protect the offender." (OP038.3). An allegation of imminent risk requires, "the QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined that the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization." The agency's policy OP 940.4 Community Corrections Alternative Program (page 103) supports a planned process for reviewing the alleged concern.</p> <p>"Probationers/parolees who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization must be referred to the Psychology Associate who will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the probationer/parolee."</p> <p>Random staff interviewed noted the responsibility to keep a probationer safe from potential abusers until the investigative team can arrive to further review the situation. The facility Superintendent confirmed there were no cases of imminent risk in the past year. As noted previously, the facility can recommend a negative discharge if a probationer shows any sexual aggression.</p> <p>Compliance Determination:</p> <p>The Virginia Department of Corrections has in place both policy and appropriate resources to keep safe individuals at imminent risk of sexual abuse. As outlined in indicator a) several policies direct steps to be taken to protect such individuals from sexual abuse. The Director and the Superintendent support the expectation is the response will be immediate upon learning of any Probationer at imminent risk. The HCCAP does not use special management units. It does have temporary holding cells to put aggressive individuals in until transportation can be arranged. The Superintendent confirmed the ability to remove aggressors from the facility. Though HCCAP has not had to use this process for imminent risk individuals, the Superintendent is confident in his ability to maintain the safety of a probationer. The policies and Interviews completed supported the ability of Harrisonburg Community Corrections Alternative Program staff to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has been met based on these factors.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>OP 038.3 Prison Rape Elimination Act</p> <p>OP 030.4 Special Investigations Unit</p> <p>Memo confirming no reports to or from other institutions</p> <p>Individuals interviewed/ observations.</p> <p>Interview with PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Summary determination.</p> <p>Indicator a). The Harrisonburg Community Corrections Alternative Program administration, PREA Compliance Manager, and Investigator all are aware that Probationers who report abuse at prior institutions will have the complaint forwarded by the Superintendent to the previous facility's head. VA DOC PREA Policy OP 038.3 (page 9) states the following: "Any staff member, volunteer, or contractor, who receives an allegation that an offender was sexually abused while confined at another facility, must notify the Organizational Unit Head.</p> <ul style="list-style-type: none"> i. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. ii. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. iii. The Organizational Unit Head or designee must document that it provided such notification." <p>The Auditor confirmed through interviews with the above individuals that if current HCCAP Probationers claimed abuse occurring in another facility (including ones outside the control of the DOC) the facility will be notified to allow an appropriate investigation to occur. The Regional PREA Analyst also confirmed the DOC PREA/ADA unit would also be notified. The Auditor was provided information that in the past 12 months there were no such cases.</p> <p>Indicator b). As Noted in Indicator a) the Virginia Department of Correction Policy requires notification within 72 hours after the facility became aware of the alleged crime. The Superintendent of Harrisonburg Community Corrections Alternative Program was aware of the timeframe and the expectation required of him to notify the leadership of the facility where the crime is alleged to have occurred.</p> <p>Indicator c). The reported practice is that phone call notifications are followed up with email notifications and appropriate documentation to support any investigation. The Superintendent confirmed that this would be his process if a Probationer was to report abuse at a past institution.</p> <p>Indicator d). In Policy OP 038.3 Prison Rape Elimination Act (page 9) the DOC sets forth the requirement of the initiation of an investigation if the Superintendent receives an allegation from another institution. "The facility head or agency office that receives the notification is responsible for ensuring that the allegation is investigated in accordance with the requirements of the Prison Rape Elimination Act National Standards." The Superintendent of Harrisonburg Community Corrections Alternative Program is aware of this requirement. There has been no such allegation made or received that required the Investigators to be notified. Interviews with these individuals support that their response would be immediate.</p> <p>Compliance Determination:</p>

The Auditor finds the facility is compliant with the standard's expectations. The Superintendent and the DOC Director were clear on their commitment to ensuring each probationer's allegations are to be thoroughly investigated. The Superintendent was aware of notifications' timeliness, as was other facility leaders. Since no probationer in the population reported abuse at another institution or a former probationer made abuse claims at HCCAP, the Auditor had to make his determination based on policy and interviews.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

OP 030.4 Special Investigations Unit

OP 038.3 Prison Rape Elimination Act

OP 075.1 Emergency Operations Plan

PREA Training Materials

Individuals interviewed/ observations.

Random Staff

Medical Staff

Indicator a). The PREA policy of the VA Department of Correction sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy states, "Facility Staff Responsibilities

1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security a staff member to respond to the report will be required to:

- a. Separate the alleged victim and abuser to ensure the victim's safety.
- b. Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence and.
- c. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence
- d. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.
- e. If the first staff responder is not a security staff member, the responder will be required to ensure the victim's safety, request that the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC."

Interviews with random staff supported they were trained in the expectations of the first responder duties. The staff was able to provide steps they would take consistent with the policy statement above and the training materials reviewed as part of 115.131. The Auditor also reviewed the Emergency Operations policy OP 075.1, which uses the same language as stated above.

Indicator b). Interviews with Case management staff, Vocational staff, and Medical staff confirm they were aware of how to protect evidence and act as a first responder. DOC trains all staff in the facility on the expectation of the first responder. Non-security staff and contracted staff are provided the same training that the DOC staff go to annually. Training records and their ability to state the first responder's duties support an understanding of how to protect the Probationer and the evidence.

Compliance Determination:

The facility did not have any custody staff available who had acted as a first responder to an incident of a sexual abuse case in the past 12 months. The random staff interviewed support they have an understanding of the facility's efforts to protect Probationers who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on Probationers until a Sexual Assault Nurse Examiner can see them. All Staff also knew the importance of thorough documentation of the incidents and maintaining confidentiality about the incident except for those staff needed to ensure care and support the investigative process. The Auditor based the determination of compliance on the policy in place, the documents supporting the process, and the interviews with staff.

115.265	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 941 358">Harrisonburg Community Corrections Alternative Program PREA Plan</p> <p data-bbox="242 387 651 416">The VA DOC PREA Response Checklist</p> <p data-bbox="242 445 628 474">OP 075.1 Emergency Operations Plan</p> <p data-bbox="242 504 628 533">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="242 613 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 672 399 701">Superintendent</p> <p data-bbox="242 730 303 759">Major</p> <p data-bbox="242 788 430 817">PREA Coordinator</p> <p data-bbox="242 902 489 931">Summary determination.</p> <p data-bbox="242 960 1485 1256">Indicator a). The Virginia Department of Correction has put language into both the agency's Emergency Plan policy and its PREA policy. Each Document requires the agency's correctional facilities to have an operational plan that defines individuals' role in the institution in responding to a sexual assault incident. The PREA policy and the agency PREA response checklist provide facilities direction in the development of a plan. The Auditor reviewed the plan, which discusses the roles of the first responder, the responding supervisor, and the investigators. Medical and Mental Health staff would be called from HCCAP if they are not on site. The procedure also requires notification by the shift Commander to the Administrator on Duty, the Investigator, and the PREA Compliance Manager. The document also states when the Superintendent and the PREA Coordinator's Office are to be notified. The step-by-step plan provides staff with direction during the crisis and, when accompanied by the response checklist, allows for a thorough and consistent response to a sexual assault incident.</p> <p data-bbox="242 1344 517 1373">Compliance Determination:</p> <p data-bbox="242 1402 1458 1630">The Auditor has reviewed the policies and the Harrisonburg Community Corrections Alternative Program PREA Response Plan to determine compliance. The plan provides direction for a consistent multi-discipline response to the sexual assault, which provides for the probationer victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The plan is available to supervisory staff and interviews with the Superintendent and PREA Compliance Manager support swift communication occurs between all levels of the facility leadership and quick notification and support from the agency's PREA/ADA office. Absent an incident, interviews, policies, and the documents presented to support the facility is compliant with standard expectations.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 443 358">Virginia Code §40.1</p> <p data-bbox="242 387 555 416">OP 135.1 Standard of Conduct</p> <p data-bbox="242 501 617 530">Individuals interviewed/ observations.</p> <p data-bbox="242 560 542 589">Interview with Superintendent</p> <p data-bbox="242 618 572 647">Interview with PREA Coordinator</p> <p data-bbox="242 676 513 705">Interview with random staff</p> <p data-bbox="242 790 1485 1184">Indicator a). The Auditor was provided information from the DOC Operations Manager supporting that there is no collective bargaining. The documentation quotes state law “ Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.”. To further support the Department of Correction's ability to protect the Probationer victim from an alleged staff abuser, the Auditor reviewed OP 135.1 Standards of Conduct. In this policy, the DOC sets forth the ability to place an employee out on administrative leave during an investigation. “Pre-Disciplinary Leave - Leave with pay to be used when disciplinary action is being considered and the employee's removal from the workplace is necessary or prudent because their continued presence (i)may be harmful to the employee, other employees, Probationer/probationer/parolees; (ii)makes it impossible for the DOC to conduct business; (iii)may hamper an internal investigation into their alleged misconduct; (iv)may hamper an investigation being conducted by law enforcement; or (v)may constitute negligence in regard to the agency's duties to the public or other employees.” The Auditor was also informed that agency policy ensures staff in sexual harassment cases will be moved during the claims investigation.</p> <p data-bbox="242 1270 874 1299">Indicator b). The Auditor is not required to review this provision.</p> <p data-bbox="242 1444 517 1473">Compliance Determination:</p> <p data-bbox="242 1503 1485 1630">The Auditor has confirmed the Harrisonburg Community Corrections Alternative Program does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard expectations. This conclusion was based on the VA. State Code, DOC policy supporting separation of victims from alleged staff, and interview with facility and agency leadership.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 675 358">Policy – 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 392 751 418">Policy – 075.7 Critical Incident Peer Support Team</p> <p data-bbox="240 452 951 479">Policy – 135.2 Rules Governing Employee relationships with Offenders</p> <p data-bbox="240 512 785 539">Retaliation Monitoring forms for staff and Probationers</p> <p data-bbox="240 678 619 705">Individuals interviewed/ observations.</p> <p data-bbox="240 739 671 766">Interview with PREA Compliance Manager</p> <p data-bbox="240 799 443 826">Interview with Major</p> <p data-bbox="240 860 627 887">Probationers who had filed complaints</p> <p data-bbox="240 965 491 992">Summary determination.</p> <p data-bbox="240 1025 1485 1350">Indicator a). The Virginia DOC PREA policy OP 038.3 states, “All staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff.” The policy language ensures a process for protecting those who report or participate in an investigation of a PREA incident. The policy identifies the individual responsible for monitoring these individuals at a facility level. The policy states, “For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation, and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and will act promptly to remedy any such retaliation.” The Auditor confirmed with the PREA Compliance Manager, the Major and the Superintendent as the individuals responsible for monitoring Probationers and staff at Harrisonburg Community Corrections Alternative Program.</p> <p data-bbox="240 1440 1497 1697">Indicator b). Virginia DOC policy OP 038.3 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. “Multiple measures are available to protect staff and offenders from retaliation; such measures include housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” Interview with agency and facility leadership confirms the agency’s commitment to ensuring client safety who file a PREA complaint. The Auditor confirmed with individuals that the PREA Compliance Manager and the Major come to the units. The Auditor was able not able to review any monitoring as there have been no incidents.</p> <p data-bbox="240 1787 1485 2145">Indicator c). Consistent with the standard expectation, the DOC policy requires monitoring to be for at least 90 days. The Policy states, “For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and will act promptly to remedy any such retaliation. a. Items to be monitored include any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. b. The PREA Compliance Manager must continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 2. In the case of offenders, such monitoring will also include periodic status checks.” The Auditor confirmed with the Major the requirements of this indicator. The supporting documentation in the retaliation monitoring forms shows that the monitoring’s should continue for periods of at least 90 days unless the Probationer had left the facility.</p>

Indicator d). As noted in indicator c) the monitoring will include periodic status checks. Interviews with the facility PREA Compliance Manager and the Major confirm they would meet individuals regularly and offer to arrange mental health services even if they had initially refused such support. The Major understood the other elements to look at as symptoms of retaliation.

Indicator e). As noted in indicator b), the protection measures would include steps taken to protect staff who cooperate in an investigation on PREA. The Agency policy OP 075.7 Critical Incident Peer Support Team defines additional staff supports available to staff. The Policy states, "Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and are in need of or request emotional support services should be referred to the Employee Assistance Program (EAP)." The Superintendent confirmed that he or the Major would be regularly viewing the performance and interactions of a staff who cooperated in an investigation to ensure there was no retaliation. The Major was able to describe things he would be looking for as potential retaliation symptoms. The Major's office is directly outside the housing unit, which allows for direct supervision of staff and the ability to hear conflicts. His office also allows him to see probationers transitioning out to work and easy access to the camera systems.

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

Compliance Determination:

The Auditor was provided with a policy that matches the standard expectations. The documentation provided showed the process described in the policy has been operationalized. Interviews with the Director of the Department of Corrections and the Superintendent support the expectation of protecting individuals from retaliation. Absent an actual case of monitoring, the Auditor considered that probationers confirmed they have routine access to the PREA Compliance Manager and the Major and support they routinely are in the facility. The Major was aware of the expectations in monitoring for retaliation. The Auditor took into consideration policies, supporting documentation, interviews with agency and facility administration, with PREA Compliance Manager, and with Probationers. The culmination of these factors supports compliance with the standard's expectations.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 038.3 Prison Rape Elimination Act</p> <p>Policy OP 030.4 Special Investigations Unit</p> <p>Sexual Assault Response Plan</p> <p>Investigative matrix</p> <p>Investigator Trainings</p> <p>Superintendent Memo on zero Investigations in the past year</p> <p>Virginia Statute 53.1-10 (definition of SIU as law enforcement)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with facility-trained Investigative staff.</p> <p>Interview with SID Investigator</p> <p>Summary Determination</p> <p>Indicator (a) Virginia Department of Corrections has trained law enforcement staff, and as such, the agency is responsible for both criminal and administrative investigations. The Agency also has trained staff in completing an investigation into allegations of sexual misconduct. In policies OP 038.3 and 030.4, the agency set forth the responsibilities of the investigative team, including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken, and the reasoning behind the findings. Policy states, "All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The facility investigator will make an initial assessment of the situation. "Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit who has the legal authority to conduct criminal investigations." Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. The Auditor spoke with both the facility trained investigator and a regional Special Investigation Unit staff member of the Virginia Department of Corrections. The Auditor also found state statute (53.1-10) that confirms the definition of the Special Investigative Unit as law enforcement to include the same "authority to have the same power as a sheriff or a law-enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department. Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services under § 9.1-102 for law-enforcement officers prior to exercising any law-enforcement power granted under this subdivision."</p> <p>.Indicator (b) As noted in 115.34, the Virginia DOC has some 11 approved criminal investigators in its Special Investigators Unit. HCCAP has two facility-trained investigators who complete the NIC training on Investigation Sexual Abuse in a Correctional Setting. Virginia DOC policy on Special Investigations Unit (OP 030.4) requires the Investigators to be trained specifically in investigations of sexual abuse in institutional settings. "SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations." SIU investigators also must meet state department of justice training guides for law enforcement officers.</p> <p>Indicator (c) Virginia DOC policy sets forth in OP 030.4 the obligations of collecting and maintaining evidence, interviewing all relative parties, and considering all information pertinent to the case, including when appropriate past actions of those involved. The policy states, "Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator."</p> <p>Absent a sexual assault case, the Auditor and SID Investigator reviewed the steps she had taken to secure and preserve</p>

evidence in in other DOC cases. The Investigator also described the actions taken in the interview process of both the alleged victim and the alleged perpetrator and how prior conflicts or history could impact the credibility. Virginia DOC trains all line staff on trying to preserve evidence, including locking off potential crime scenes and encouraging the victim not to do anything that would potentially degrade the quality of the DNA evidence. As noted in 115.21, forensic exams of the victim would not occur at HCCAP but at a local hospital with SANE-trained nurses. The Auditor also spoke with the SIU investigator, who confirmed how she had handled the elements of this indicator at other facilities.

Indicator (d) The SIU investigator supports in criminal cases; they would work closely with the local prosecutor on the case. Policy 030.4 describes the expected interactions with the prosecutorial authorities (page 11). "When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

Indicator (e) The SIU investigator and the facility Investigator spoke with confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. In the discussions with the Auditor, the Investigator confirmed what policy requires (030.4). "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a Probationer or staff. No agency shall require a Probationer who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

Indicator (f) All criminal investigations potentially can include a referral for an administrative review if the evidence supports that a staff person's actions or inactions led to a Probationer-on-Probationer sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All administrative investigations that are completed must have a related investigation file that includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. Virginia DOC policy states the following on administrative investigations "1. Must include an effort to determine whether staff actions or failures to act contributed to the abuse. 2. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." The facility Investigator confirmed there is an expected written report that will also include a review of written and video evidence and the interviews of the individuals involved.

Indicator (g). All criminal investigations completed by the SIU investigator result in a written report as required in the agency's related policies. As noted, there were no criminal cases to review at HCCAP.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy 030.4 Special investigations Unit (page 11) states When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. " This expectation was confirmed in the interviews with investigative staff.

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

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The investigation policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." The SIU Investigators in Virginia are trained law enforcement officers as defined by the state. This allows them with full police authority to go outside the institution to continue to pursue information related to the case. This was confirmed with the investigator because the HCCAP program length is generally under 6 months.

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

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

Compliance Determination.

The Virginia Department of Corrections requires all incidents are investigated promptly upon notification to staff. The agency's PREA policy and Investigative policy require prompt investigations of sexual abuse and sexual harassment in VA DOC facilities. In determining compliance, the Auditor took into consideration many factors. The Harrisonburg Community

Corrections Alternative Program and the VA DOC have sufficient and appropriately trained individuals who can complete sexual assault investigations.

In determining compliance absent an allegation of sexual assault in the past year, the Auditor considered the stated information found in policy interviews with the facility investigative staff and SIU staff and probationers who had been involved in an SIU PREA investigation at another facility. The Auditor did consider the preliminary information about a sexual harassment incident being investigated at time of the site visit and the information from the probationer confirming the investigation was occurring.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders</p> <p>Policy OP 940.4 Community Corrections Alternative Programs</p> <p>Memo confirming preponderance of the evidence as deciding factor</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Investigator</p> <p>Summary determination.</p> <p>Indicator (a) Virginia DOC Policy OP 135.2 Rules of Conduct states, "A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated" The facility investigator confirmed this standard. The Superintendent also confirmed the expectation for determining whether allegations of Sexual Assault or Sexual harassment occurred.</p> <p>Compliance Determination</p> <p>The HCCAP has had no incidents in the past year that has required a criminal investigation. The only administrative investigation to occur in the year prior began the day before the site visit and had not concluded. The Department of Corrections has staff trained in the investigation of Sexual Assaults at the state correctional facilities, as noted in 115.34. Policy OP 940.4 Community Corrections Alternative Programs echoed the sighted policy language in OP135.2 that preponderance of the evidence is to be the measure by which investigations are to be substantiated. The Auditor confirmed the process for a criminal case and the process for an administrative investigation, including how determinations are made in the case. Compliance was based on the policies and the interview with the facility and state Investigative staff.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 612 358">OP 030.4 Special Investigations Unit</p> <p data-bbox="240 389 628 416">OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 448 474 474">Memo on no allegation</p> <p data-bbox="240 560 617 586">Individuals interviewed/ observations.</p> <p data-bbox="240 618 619 645">Interview with the Facility Investigator</p> <p data-bbox="240 676 707 703">Interview with the PREA Compliance Manager</p> <p data-bbox="240 734 505 761">Interview with Probationer</p> <p data-bbox="240 846 491 873">Summary determination.</p> <p data-bbox="240 958 1485 1285">Indicator (a) Virginia DOC provides notification to all Probationers on the outcome of their investigations into sexual misconduct, including sexual harassment cases. The agency policy OP 030.4 Special Investigations Unit page 11 requires “Upon completion of the investigation, SIU should report to the Facility Unit Head to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.” The PREA Policy has similar language, “Following an investigation into an offender’s allegation that they suffered sexual abuse or sexual harassment in a DOC facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.” At Harrisonburg Community Corrections Alternative Program, the outcome of all investigations is reported to the Probationer by the investigator or the facility PREA Compliance Manager. Absent a case at HCCAP, the Auditor took into consideration the one individual in the population who had been through an investigation at another facility.</p> <p data-bbox="240 1370 1461 1438">Indicator (b) This indicator does not apply as Virginia DOC completes criminal and administrative investigations at all DOC facilities.</p> <p data-bbox="240 1523 1485 1653">Indicator (c) The policy OP 038.3 Prison Rape Elimination Act uses language consistent with this standard indicator to define the information that must be notified to the Probationer victim. The policy states “. Following an offender’s allegation that a staff member committed sexual abuse against the offender, the PREA Compliance Manager or investigator must subsequently inform the offender whenever:</p> <ul style="list-style-type: none"> <li data-bbox="240 1684 791 1711">i. The allegation has been determined to be unfounded <li data-bbox="240 1742 847 1769">ii. The allegation has been determined to be unsubstantiated <li data-bbox="240 1800 895 1827">iii. The staff member is no longer posted within the offender’s unit <li data-bbox="240 1859 807 1886">iv. The staff member is no longer employed at the facility <li data-bbox="240 1917 1369 1944">v. The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility <li data-bbox="240 1975 1406 2002">vi. The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.” <p data-bbox="240 2033 1477 2101">The Auditor was provided examples of cases from the past 18 months of notifications made to Probationers at Harrisonburg Community Corrections Alternative Program.</p>

Indicator (d) The policy language in OP 038.3 covers the required notification for a probationer-on-probationer sexual abuse cases. "Following an offender's allegation that they have been sexually abused by another offender, the PREA Compliance Manager or investigator must subsequently inform the alleged victim whenever:

- i. The allegation has been determined to be unfounded
- ii. The allegation has been determined to be unsubstantiated
- iii. The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility
- iv. The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility

By practice, the Harrisonburg Community Corrections Alternative Program will notify probationers in writing on the outcome of both sexual abuse cases and sexual harassment cases. The Virginia DOC has form letters for each outcome. The Facility PREA Coordinator was aware of the need to ensure notifications on any indictment or conviction.

Indicator e). The Harrisonburg Community Corrections Alternative Program would provide each probationer with a written letter on the outcome of their investigation.

Compliance Determination:

The Virginia Department of Corrections has put in place policy and practice to ensure all allegations are investigated. The Agency requires written notification of the investigation outcomes, if the allegation includes staff, if they are in no contact position or no longer at the facility, and substantiated cases of criminal conduct if the perpetrator was indicted or convicted. The Auditor finds the facility in compliance with the standard based on policy, documentation, and interviews. HCCAP has had no cases, so there were no case files to review.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 564 356">OP 135.1 Standards of Conduct</p> <p data-bbox="240 387 1027 414">OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders</p> <p data-bbox="240 445 547 472">Memo confirming no discipline</p> <p data-bbox="240 557 679 584">Individuals interviewed/ observations made.</p> <p data-bbox="240 616 572 642">Interview with Human Resources</p> <p data-bbox="240 674 541 701">Interview with Superintendent</p> <p data-bbox="240 732 504 759">Interview with Investigator</p> <p data-bbox="240 844 488 871">Summary determination.</p> <p data-bbox="240 902 1437 965">Indicator a). The Virginia Department of Correction has policies that govern staff conduct and sanctions for violation. OP 135.2 Rules of Conduct governing Employee Relationships with Offenders</p> <p data-bbox="240 996 1490 1122">(page 5) states: "Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, Standards of Conduct." As the Auditor has learned, Group III violations are considered the most severe offenses. Human resource staff confirmed that staff can be terminated for such actions without having to go through progressive levels of discipline.</p> <p data-bbox="240 1207 1485 1404">Indicator b). The DOC policy OP 135.2 states, "Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse." As noted in indicator a), the Auditor confirmed with the Human Resources staff that employees would be terminated for engaging in the sexual abuse of a probationer. There were no incidents of staff being terminated in the last 18-months from Harrisonburg Community Corrections Alternative Program for sexual abuse of a probationer. The policy confirms staff who engage in sexual acts with probationers will be charged with a felony in addition to the termination.</p> <p data-bbox="240 1489 1477 1686">Indicator c). The Virginia Department of Correction policy OP 135.2 states, "Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." The Superintendent reported there were no incidents of staff who have been disciplined for sexual harassment of probationers. Policy 135.2 goes on to describe in detail prohibitions on fraternization or non-professional association with current or former Probationers.</p> <p data-bbox="240 1771 1485 2103">Indicator d). Virginia Policy OP135.2 states, "All terminations for violations of VA DOC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, must be reported to any relevant licensing bodies by the DOC PREA Coordinator and to law enforcement agencies unless the activity was clearly not criminal." As noted in 115.71 the Harrisonburg Community Corrections Alternative Program has access to a criminal investigator who is considered law enforcement in the state of Virginia with full powers of arrest. The SIU Agent confirmed the power to pursue the investigation outside the institution if a probationer has been released or if a staff person quits before being terminated. The facility administration confirmed that staff or contractors who have licenses would have the misconduct reported to the governing body responsible for their licenses.</p>

Compliance Determination:

The Virginia Department of Corrections has the appropriate resources to fully investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has the ability to terminate staff for first offenses of sexual abuse of Probationers. Policies in place and interviews with the Human Resource staff, the Criminal Investigator, and the Superintendent were used to determine compliance. Since the facility has not disciplined a staff, there was no file to review.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 684 358">OP 027.1 Volunteer and Internship Program</p> <p data-bbox="242 387 1027 416">OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders</p> <p data-bbox="242 445 555 474">Memos confirming no incidents</p> <p data-bbox="242 504 804 533">Training Documentation for contracted service providers</p> <p data-bbox="242 613 617 642">Individuals interviewed/ observations.</p> <p data-bbox="242 672 592 701">Interview with Criminal Investigator</p> <p data-bbox="242 730 668 759">Interview with PREA Compliance Manager</p> <p data-bbox="242 788 552 817">Interviews with Superintendent</p> <p data-bbox="242 898 489 927">Summary determination.</p> <p data-bbox="242 956 1493 1285">Indicator a). The Virginia Department of Corrections has trained contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of a probationer. HCCAP does not currently use any volunteers and has only individual, the Chaplain, who provide direct services to probationers as contracted staff members. Service contractors who enter the program for scheduled maintenance all undergo PREA training. Agency policies OP 027.1 and OP 135.2 states, "Any contractor or volunteer who engages in sexual abuse of offenders must be prohibited from contact with offenders and must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and law enforcement agencies unless the activity was clearly not criminal." "The DOC will take appropriate remedial measures and will consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer." The Criminal Investigator confirmed, as noted in 115.71 that if the contractor or volunteer is a licensed professional, the governing body would be notified.</p> <p data-bbox="242 1373 1474 1570">Indicator b). As noted in indicator a), non-criminal violations of the agency's standard of conduct would have to be reviewed by facility management before allowing the individual to regain access to the facility. Policy on volunteers and interns OP 027.1 (page 12) stated, "In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders." No allegations of contractors or volunteers resulted in stopping access to HCCAP in the past year. The Superintendent confirmed the ability to halt entrance to the facility during an investigation of a contractor or volunteer.</p> <p data-bbox="242 1655 517 1684">Compliance Determination:</p> <p data-bbox="242 1713 1489 1942">HCCAP has met the standard expectation by training all contractors on probationer's rights related to PREA. The Virginia Department of Corrections has sufficient policies to ensure if a volunteer or contractor engages in sexual misconduct, the case will be investigated, and the probationer will be protected by halting the alleged perpetrator's access to the facility. Notifications to the appropriate licensing bodies would occur on any criminal case referred for prosecution. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Supporting compliance the Auditor considered the training of all contractors who are educated on the consequence of engaging in sexual harassment or sexual abuse of probationers, the policy language and interviews.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 694 358">Policy OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 392 727 418">Policy OP 820.1 Probationer Case Management</p> <p data-bbox="240 452 992 479">Policy OP 861.1 Offender Discipline, Institutions and Operating Procedures</p> <p data-bbox="240 512 863 539">Policy OP 940.4 Community Corrections Alternative Programs</p> <p data-bbox="240 573 557 600">Probationer HCCAP Handbook</p> <p data-bbox="240 730 679 757">Individuals interviewed/ observations made.</p> <p data-bbox="240 790 663 817">Interview with the Regional PREA Analyst</p> <p data-bbox="240 851 579 878">Interview with the Superintendent</p> <p data-bbox="240 911 707 938">Interview with the PREA Compliance Manager</p> <p data-bbox="240 1021 489 1048">Summary determination.</p> <p data-bbox="240 1081 1490 1404">Indicator a). The Virginia Department of Corrections allows for the discipline of Probationers who engage in sexual misconduct as defined by the agency. OP 038.3 Prison Rape Elimination Act states, "Sexual harassment, assault, and abuse by incarcerated offenders is prohibited and subject to disciplinary action per Operating Procedure 861.1, Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program, and may result in criminal charges." The Auditor also reviewed policy 861.1 to confirm that sexual assault is considered one of the most serious charges a Probationer can have in the facility. The policy, on page 18, clarifies that discipline is separate from the criminal case against them for such actions. "The offender disciplinary process, as described in this procedure, is an administrative process that is separate and independent from the criminal justice system. An offender may be held accountable for a violation of the Code of Offenses through this disciplinary process and may also be criminally prosecuted for the same offense."</p> <p data-bbox="240 1438 1465 1563">All Probationers complete as part of orientation a review of the Discipline policy of Virginia DOC for, which they must sign. The information on the code of conduct (pages 28-32) of the HCCAP Probationer Handbook ensures they have access to information about expectations and potential consequences for sexual misconduct. There were zero cases of Probationers being disciplined for any form of sexual misconduct.</p> <p data-bbox="240 1650 1493 1812">Indicator b). Virginia DOC expects probationer discipline to be consistent to the severity of the allegation and be similar to other Probationers with similar histories. Policy OP 861.1 Offender Discipline, Institutions, and Operating Procedures state, "In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories." There was no discipline of Probationers at HCCAP to review in the past year.</p> <p data-bbox="240 1899 1457 2092">Indicator c). Two Policies address the indicator's concerns. In policy OP 861.1 it defines steps required to be taken if the Probationer who is the potential subject of discipline, had a mental disability or illness. The policy defines the steps the committee must take before having a discipline hearing. Actions include having the probationer's case reviewed by a Qualified Mental Health Professional (QMHP) who can provide a clinical impression on the client, the ability to understand their actions or the hearing process, and how actions such as specialized housing may impact their lives their institutional stay.</p> <p data-bbox="240 2125 1457 2152">Policy OP 940.4 Community Confinement Programs, further addresses mental health in determining appropriate sanctions.</p>

"Consideration must be given to whether a mental disability or mental illness contributed to the probationer's/parolee's behavior when determining what type of sanction, if any, should be imposed.." The Superintendent confirmed that mental health's input would be sought on individuals with mental health or cognitive concerns. Most sexual activity can cause a probationer to be removed from the program as a Category 1 offense. The HCCAP does not use Specialized Housing Units as a consequence for discipline. The Former SHU cells are currently used for temporary emergency holding and, during the pandemic, provided an option for medical isolation.

Indicator d). Clients at HCCAP can receive individualized counseling toward the underlying causes of their sexual misconduct. The facility does not have a specific program for sexual offenders, as the program is a Community Confinement Program. If individuals commits sexual offenses at HCCAP the likely outcome would be discharge or transferred to a higher-level facility.

Indicator e) Agency policy does not allow for the discipline of Probationers who engage in sexual contact with a staff member unless it is proven the staff did not consent.

Indicator f) Virginia DOC PREA policy OP 038.3 defines when a probationer can and cannot be disciplined for filing a PREA complaint in bad faith. The policy states, " Any offender who makes a report of offender-on-offender sexual violence or staff sexual misconduct or harassment that is determined to be false may be charged with a disciplinary offense if it is determined in consultation with the Regional PREA Analyst that the report was made in bad faith. Offenders will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying." There have been no cases in the last year. Agency policy (OP 861.1) describes the process to ensure only those reports purposefully filed in bad faith are disciplined. "Due to the sensitive nature of this offense, it is important that it is handled with utmost caution and fairness to avoid hindering the offender's right to file complaints against employees. This offense aims to prevent offenders from fabricating charges against corrections employees. Before this offense can be brought, there must be an investigation by an impartial third party to determine that there are any facts that could substantiate the statement or charge. The investigation should include, but is not limited to, interviewing the offender who made the allegation and the employee who is the subject of the allegation."

Indicator g) Harrisonburg Community Corrections Alternative Program does not allow consensual sexual contact between Probationers. Probationers spoken with understood that such behavior might result in disciplinary actions. Policy OP 038.3, the agency PREA policy, states, "Consensual sexual activity among offenders is prohibited. Offenders who engage in this type of activity will be subject to disciplinary action in accordance with Operating Procedure 861.1 Offender Discipline". Any sexual activity at the HCCAP will result in serious discipline, including consensual activities between probationers. This is outlined for the probationers in their handbook. The Handbook does clarify that the discipline code does not apply to any sexual act with an employee.

Compliance Determination:

The Virginia Department of Corrections and the Harrisonburg Community Corrections Alternative Program have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors on the Probationer's mental health and cognitive capacities. The facility had no incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents is done cautiously to not impact the overall population's willingness to report incidents. All probationers are educated about the agency discipline codes at admission. Compliance determination was based on interviews, policies, and supporting documents reviewed.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 385 713 412">Policy – OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 443 718 470">Policy –OP 075.1 Emergency Operations Plans</p> <p data-bbox="240 499 703 526">Policy – OP 720.4 Co-Payment for Healthcare</p> <p data-bbox="240 557 798 584">Policy – OP 720.7 Emergency Medical Equipment Care</p> <p data-bbox="240 613 920 640">Policy – OP 730.2 MHS Screening Assessment and & Classification</p> <p data-bbox="240 672 518 698">Memo from Superintendent</p> <p data-bbox="240 728 740 754">Document on Virginia Victims Compensation fund</p> <p data-bbox="240 842 679 869">Individuals interviewed/ observations made.</p> <p data-bbox="240 900 526 927">Interviews with Medical staff</p> <p data-bbox="240 958 703 985">Interview with Sexual Assault Nurse Examiner</p> <p data-bbox="240 1014 799 1041">Interviews with random staff on First Responders duties</p> <p data-bbox="240 1189 580 1216">Indicator Summary Determination</p> <p data-bbox="240 1247 1493 1543">Indicator (a) The Harrisonburg Community Corrections Alternative Program has a full-service medical clinic that operates 8 hours per day and has access to medical services 24 hours through the local hospital. Registered Nurses are available and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Probationers report access to these services if they are in crisis. Medical staff report having medical autonomy if the probationer must go out of the building for emergency services to facilitate that trip. The medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. In the event of a sexual assault, probationers at HCCAP would go to Rockingham Memorial Hospital, which has SANE-trained nurses. All victims would be offered assistance from rape crisis agencies such as Action Alliance or Harrisonburg’s Collins Center. The facility can also ask for support from other western region DOC facilities.</p> <p data-bbox="240 1628 1473 1890">Indicator (b) Medical services are available 24 hours per day at the Rockingham Memorial Hospital, approximately 13 miles from HCCAP. As part of their first responder duties, the random staff knew that immediate notification to medical was required. The staff support they would keep the individual safe and advise the individual not to do anything to impact the evidence on them. This is also stated in the facility’s Sexual Assault Response plan. Virginia DOC policy OP 038.3 Prison Rape Elimination Act (page 10) states, “If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, the OIC must immediately notify the facilities designated medical and mental health practitioner.” An interview with the nurse confirms that if a practitioner is not on-site, they will be contacted by the medical team or the OIC.</p> <p data-bbox="240 1977 1493 2139">Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications. The hospital offers emergency contraception to female victims, though not applicable at the HCCAP with male probationers. The Auditor confirmed the same medications would be offered to the Probationer again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the Probationer on the importance of such medications for continued health.</p>

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Policy OP 720.7 Emergency Medical Equipment and Care (page 8) states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The clinic at HCCAP would function as the aftercare by providing follow-up care medically and ensuring mental health services are offered. The Auditor also confirmed the state of Virginia that victims of sexual abuse have access to free services through the Virginia Victims Fund under the SAFE Payment Program. "The SAFE Payment Program will pay for:

- Emergency Room Physician fees
- Hospital and forensic examiner fees
- Testing for sexually transmitted infections (STI) and pregnancy
- Medications to prevent STIs and pregnancy
- Ambulance ride to a hospital for evidence collection²
- Full course of HIV preventative medication if warranted
- Follow-up medical care while taking HIV preventative medication
- Follow-up medical forensic examinations."

Compliance Determination:

The Harrisonburg Community Corrections Alternative Program can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The Harrisonburg Community Corrections Alternative Program has onsite medical daily with easy access to full-service hospital minutes away. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider. The Auditor confirmed SAFE or SANE capabilities are available at the Rockingham Memorial Hospital, approximately 13 miles away. As part of the audit process, the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any probationer in DOC; this was confirmed with hospital staff and a review of the state website. The hospital staff confirmed they follow the state and federal protocols for forensic exams of victims of sexual assault. The Hospital representative supports they offer victims HIV testing, prophylaxis treatments for STDs, and emergency contraception if the victim was female. Compliance determination took into consideration the access to services, the DOC health services in place, and Virginia DOC policies, information from the interviews completed and Probationer victims' file information.

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy – 720.7 Emergency Medical Equipment and Care

Policy – 730.2 MHS Screening Assessment and Care

Memo supporting no cases

Virginia state website

Individuals interviewed/ observations made.

Interviews with Medical Professionals

Interviews with Mental Health Professional

Interview with SANE

Interview with Action Alliance representative

Interview with Collins Center representative

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections ensures that all Probationers are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Policy 720.7 states, "Offender victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment." Healthcare staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently, the Probationer will be offered a forensic exam at the Rockingham Memorial Hospital. Suppose the incident is a prior life event that occurred in another institution or in the community. In that case, the medical and mental health teams will complete a health assessment and mental health referral for services. If the Probationer is more comfortable discussing the abuse with a rape crisis agency staff, a mental health referral can be made to Action Alliance to provide the appropriate level of supportive counseling. Given the distance, Action Alliance may engage the local rape crisis agency, The Collins Center, to provide support. Discussions with probationers support they would likely use the qualified mental health personnel on-site.

Indicator (b) Probationers who are victims of sexual assault in a Virginia correctional institution are immediately referred to mental health services as well as medical services. Policy 720.7 states, "The facility will offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The 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. The facility will provide such offender victims with medical and mental health services consistent with the community level of care." Even if the assault occurred in the community or at a county jail, the Probationer, once identified, is referred to mental health staff for follow-up services. If the Probationer prefers, they can be referred to Action Alliance for support services post an incident of sexual misconduct. The Medical and Mental Health staff spoken with confirmed, as did the Action Alliance representative, that they would make referrals to ensure continuity of care if the Probationer were released home or transferred to another facility.

Indicator (c) the Harrisonburg Community Corrections Alternative Program has a small onsite medical office, but as probationers, they can complete follow-up care with a specialist in the community. The program also has a full-time position to include a Qualified Mental Health Professional. The combined services at these facilities are equivalent to a community medical clinic. The facility offers a full array of medical and mental health services and can make referrals for a specialist if

needed at the community hospital. Probationers spoken with report ease in access to both the medical and mental health providers. An individual with prior victim history before admission to HCCAP spoke positively about the emotional support services available.

Indicator (d) The Indicator does not apply as Harrisonburg Community Corrections Alternative Program is an all-male institution.

Indicator (e) The Indicator does not apply as Harrisonburg Community Corrections Alternative Program is an all-male institution.

Indicator (f) The Auditor confirmed with both the medical staff at HCCAP and the representatives of the Rockingham Memorial Hospital used by HCCAP that victims of sexual assault are offered testing for sexually transmitted diseases. Hospital representatives support this testing is provided free of charge, consistent with state law and agency policy. The Auditor was provided information that no Probationers required any follow-up services for possible sexually transmitted diseases.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the Probationer, including if the Probationer must go out for a forensic exam. Policy OP 720.7 Emergency Medical Equipment and Care (page 9) states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The Auditor also confirmed the state of Virginia that victims of sexual abuse have access to free services through the Virginia Victims Fund under the SAFE Payment Program. "The SAFE Payment Program will pay for:

- Emergency Room Physician fees
- Hospital and forensic examiner fees
- Testing for sexually transmitted infections (STI) and pregnancy
- Medications to prevent STIs and pregnancy
- Ambulance ride to a hospital for evidence collection²
- Full course of HIV preventative medication if warranted
- Follow-up medical care while taking HIV preventative medication
- Follow-up medical forensic examinations"

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. If the victim chooses not to speak to mental health, they can also be referred to the local rape crisis agency. Given the security level of HCCAP the perpetrator would likely be moved to a higher level facility where ongoing mental health services and evaluations could occur.

Compliance Determination:

The Virginia Department of Corrections ensures probationers have ongoing access to services. The DOC has several policies that address probationers' healthcare needs, including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators and information from the PREA policies. Health Services staff would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Nursing and mental health staff would ensure that all medical needs and follow-up treatment was provided after an initial referral to Rockingham Memorial Hospital in Harrisonburg for a forensic exam. Medical staff confirmed that they could educate Probationers about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance is based on policy consistent with the standard, the resources available

on-site and at the identified hospital, the interviews with medical and mental health staff, and interviews with representatives of Rockingham Memorial Hospital, Action Alliance, and the Collins Center. The Auditor also considered the positive experiences probationers reported in the ease of accessing medical and mental health services routinely.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy – 038.1 Reporting Serious and Unusual Incidents</p> <p>Policy – 038.3 Prison Rape Elimination Act.</p> <p>PREA Incident Review Form</p> <p>Memo confirming no allegations required a review.</p> <p>Individuals interviewed/ observations.</p> <p>Interviews with Incident Review Member</p> <p>Interview with PREA Manger</p> <p>Interviews with DOC Director</p> <p>Interview with facility Superintendent</p> <p>Indicator Summary Determination</p> <p>Indicator (a) Virginia Department of Corrections policy OP 038.1 Reporting Serious and Unusual Incidents (pages 10-12) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states, "A sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded." The Harrisonburg Community Corrections Alternative Program reported 0 cases in the 12 previous months. The agency policy requires that both sexual abuse and sexual harassment claims to go through the multi-disciplinary review process. The Auditor reviewed with senior leadership, including the Superintendent, the various things this standard requires to be considered.</p> <p>Indicator (b) The policy OP 038.1 states the review should occur within 14 days of the investigation conclusion. The PREA Compliance Manager is aware of the timing requirements of this indicator. Absent an actual case the Auditor had to assess compliance based on policy and senior staff knowledge of content and timeliness of the review. The VA DOC policy requirement exceeds the standard's timeliness expectations. There were no incidents to review to confirm operations consistent with the policy.</p> <p>Indicator (c) DOC policy language addresses the multi-discipline nature of the team. It states, "The Review Team should consist of at least 2 DOC employees designated by the Unit Head. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from the PREA Compliance Manager, line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews" The Superintendent confirmed the multi-disciplinary team would include the Superintendent, the Major, The PREA Compliance Manager, a Lt/ Investigator and included both medical and mental health staff.</p> <p>Indicator (d) The Virginia Department of Corrections as a post-incident review process for PREA events. The agency has a form that addresses the part of this indicator and has policy language. The elements described in this indicator are all covered in policy OP 038.1. which states,</p> <p>"a. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed</p> <p>b. Provide an analysis of the causal factors and contributing circumstances</p> <p>i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex</p>

identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility.

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

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

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

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

The agency form used to document the review panel's considerations includes the required information listed above. The files reviewed showed consistent documentation of information supporting or denying the abuse was based on the elements listed above.

Indicator (e) Interviews with the Superintendent, The PREA Coordinator, the PREA Compliance Manager, and the PREA Analyst support that there are systems in place to ensure the information obtained in the review can be used to make changes in the facility. Absent a case there was no suggested improvements to review.

Compliance Determination

The Virginia DOC policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review with language directly from the standard. The Auditor's interaction with other staff supports when safety issues are identified at HCCAP; they will make procedural or staffing changes in addition to the technology investments. The agency PREA Incident review form asks for documentation consistent with the topics consistent with (d). According to the Superintendent, the review team would include a multi-disciplinary team of management, custody, and medical and mental health services staff. Compliance was determined based on policy language, the documentation provided, and staff understanding of the requirements.

115.287	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 711 358">Policy – OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="240 389 572 416">Agency annual report 2018-2020</p> <p data-bbox="240 448 584 474">Bureau of Justice Survey 2018-20</p> <p data-bbox="240 560 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="240 618 584 645">Interviews with PREA Coordinator</p> <p data-bbox="240 676 670 703">Interview with PREA Compliance Manager</p> <p data-bbox="240 734 772 761">Interviews with Director of Department of Corrections</p> <p data-bbox="240 846 580 873">Indicator Summary Determination</p> <p data-bbox="240 904 1469 1097">Indicator (a) The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. Policy OP 038.3 states, “The DOC collects accurate, uniform data on every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually.” The Auditor was provided a copy of the state’s past PREA annual reports, showing consistent information from Virginia’s facilities. The Director confirmed that data is used to improve the agency’s ongoing effort to protect, detect, and respond to sexual abuse and sexual harassment incidents.</p> <p data-bbox="240 1182 1420 1281">Indicator (b) The agency completes an annual report with aggregate data of the Harrisonburg Community Corrections Alternative Program. The Auditor was able to see the data from 2019 and the data produced in 2020. The Auditor also reviewed the agency’s annual report which is published on the state website.</p> <p data-bbox="240 1366 1481 1559">Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Harrisonburg Community Corrections Alternative Program in 2019. Interviews with the facility PREA Compliance Manager and the state PREA Coordinator confirmed that the elements required were tracked. The agency also provided documentation to support the ability to complete the Bureau of Justice Statistics annual surveys.</p> <p data-bbox="240 1706 1391 1805">Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving Probationer on Probationer contact will be retained locally with a copy to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy and will be maintained.</p> <p data-bbox="240 1890 1449 1989">Indicator (e) The Department of Correction has provided the Auditor with the Data from the GEO group contracted facility with whom they subcontract. Agency policy states, “Incident-based and aggregated data is collected from every private facility with which the DOC contracts for the confinement of offenders.”</p> <p data-bbox="240 2074 1469 2159">Indicator (f) The Department of Justice has not requested PREA-related information from the Virginia DOC in the past year. As noted in indicator c) the agency provided the completed annual forms to support they had data collection consistent with the federal forms.</p>

Compliance Determination:

The Auditor has found the standard to be compliant. The Virginia DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2020 Virginia Department of Corrections annual PREA report outlines the efforts, including data for each of Virginia's DOC's facilities. The 2021 report was published during the post audit visit period. The agency policy OP 038.3 Prison Rape Elimination Act commits the agency to comply with the data collection requirement of the standard. The Director of the DOC stated his commitment to utilizing data in the agency's ongoing efforts to prevent sexual misconduct. Interviews with the Director, the PREA Coordinator, and The PREA Compliance Monitor support a system to collect uniform data and that all information is passed to the VA DOC PREA Office. The Auditor took into consideration the interviews and the various documents that support data collected and used at a statewide and facility level.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy – OP 038.3 Prison Rape Elimination Act

VA DOC Annual PREA Report

VA DOC Website

Individuals interviewed/ observations made.

Interview with Director of the Department of Corrections

Interview with Superintendent

Interview with PREA Coordinator

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving safety. Interviews with the Superintendent and the Director of the Department of Corrections support critical analysis occurs at the facility level and at a system level. Examples were provided of how improvements have been used across the system to improve Probationer safety. The Superintendent also confirmed his team looks for trends to further guide policy/ procedural practices or the disbursement of resources.

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

Indicator (c) The Director of the Department of Corrections confirms he approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website. OP 038.3 states, "The report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC Public website." The Auditor reviewed the site, which had PREA Annual reports dating back to 2014. The 2020 was report posted at the time of the site visit, and the 2021 report was approved and posted to the agency website during the post audit period.

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

Compliance Determination:

The Virginia Department of Corrections meets the requirements of this standard in policy OP 038.3 (pages 14-15) defines the use of data. The Superintendent supported the facility by utilizing data, makes informed decisions on programmatic and policy needs. This is consistent with the standard expectation to critically review data to identify problem areas and enact corrective actions. The PREA Coordinator and her team of analysts can identify trends that can be reviewed and support change at the facility or system levels. The agency also showed compliance with PREA standards through the publishing of its annual reports that combines data, graphs, and narrative information on Virginia's efforts since 2014 in the development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information. Compliance is based on policy, interviews, and posted documents, which supports the Data review process being done statewide for all the agency's facilities.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy – OP 038.3 Prison Rape Elimination Act

Policy – OP 050.1 Offender Record Management

PREA Annual Report

VA DOC Website

VACORIS

Individuals interviewed/ observations made.

Interviews with PREA Coordinator

Interview with PREA Analyst

Interviews with PREA Compliance Manager

Interviews with Investigators

Interviews with Screening staff

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections has policies that protect the security of information. Policy OP 038.3, the PREA policy, states, "All data collected on allegations of sexual abuse at DOC facilities must be securely retained." Policy OP 050.1 Offender Records Management governs the establishment, utilization, content, privacy, secure placement, preservation, and security of offender records, the dissemination of information from these records, and instructions for retiring or destroying inactive records. Discussions with the PREA Coordinator, the individual who completes screenings, the investigator, and medical and mental health staff describe layers of controls in place to ensure no unnecessary disclosure.

Indicator (b) The Virginia Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The annual report describes the agency and facility's efforts to create and maintain PREA safe environments. The website also includes information on PREA incidents at the contracted facility. A review of the state's website supports the annual reports are all published dating back to 2014. As noted in standard 115.88, the Auditor reviewed the material provided and those available on the state Department of Corrections website.

Indicator (c) The annual report located on the state's website does not include any identifiers.

Indicator (d) Policy OP 038.3 sets forth the obligations of the agency's PREA Coordinator, including the responsibility for collecting all incidents. The policy states, "All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise." Virginia DOC Policies OP 050.1 and OP 025.1 define controls and record retention. The Agency PREA Coordinator is aware that all PREA-related Data be maintained for a period of no less than 10 years.

Compliance Determination:

The Standard is compliant. The Auditor based this conclusion on the review of the agency policy and procedures, observations, and information obtained through the various staff interviews and review of documentation at the facility and on the agency website.

115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 713 358">Policy – OP 038.3 Prison Rape Elimination Act</p> <p data-bbox="242 387 464 416">Virginia DOC Website</p> <p data-bbox="242 501 617 530">Individuals interviewed/ observations.</p> <p data-bbox="242 560 584 589">Interviews with PREA Coordinator</p> <p data-bbox="242 618 531 647">Interview with PREA Analyst</p> <p data-bbox="242 676 681 705">Interviews with PREA Compliance Manager</p> <p data-bbox="242 734 400 763">Tour of HCCAP</p> <p data-bbox="242 848 580 878">Indicator Summary Determination</p> <p data-bbox="242 907 1476 1032">Indicator (a) The Virginia DOC has several of its 43 facilities audited in a year. Despite the pandemic, the agency has been able to complete its PREA Audits on a consistent schedule with 13 facilities audited in the first year of the current cycle. In year two, 16 facilities were reviewed and 11 of 14 audits in the current year have already had site visits. The one contracted facility VA DOC has is due later this year for a PREA Audit.</p> <p data-bbox="242 1120 1490 1180">Indicator (b) This is year three of the Audit cycle and from information provided and found on the agency website at least two-thirds of the facilities were completed going into this year.</p> <p data-bbox="242 1267 1484 1393">Indicator (h) The Auditor did have open access to all facility parts. Despite COVID-19 social distancing measures the Auditor was able to move freely about the housing units on the tour. He was able to speak informally with Probationers and staff to ensure they were aware of the Audit. The Auditor also confirmed with Probationers, they were educated on PREA rights and how to seek assistance if the need arises.</p> <p data-bbox="242 1480 1453 1675">Indicator (i) The Virginia Department of Correction provided the Auditor with documents in advance in the OAS plus documentation on-site as requested. The Auditor, Facility Leadership, the PREA Coordinator, and the Regional PREA Analyst had zoom meetings to review material and set up information the Auditor would like to review on site. The Auditor was also able to get copies of other documentation as requested on site. The Agency provided materials in an organized manner, including a welcome book with documentation about the facility and typical documentation provided to Probationers.</p> <p data-bbox="242 1762 1484 1888">Indicator (m) The Auditor was able to interview Probationers throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the Probationer to speak freely without others being able to hear our conversations. The Auditor was able to socially distance and use a mask during the audit, but it did not appear to impact the interview process.</p> <p data-bbox="242 1975 1493 2107">Indicator (n) The Auditor did not receive confidential mailings from Probationers staff or other interested parties. The Auditor's information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. During the onsite visit, the Auditor made it clear that individuals who requested to be seen would add to the random sampling of staff and clients to be interviewed.</p>

Compliance Determination:

The Virginia Department of Corrections has had PREA audits of each of its 43 facilities since 2014. The Auditor was given full access to the prison and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and Probationers. The facility did post the Audit notice, and it was visible on tour. Probationers were aware of the posting and the audit. Compliance is based on the facts as mentioned earlier that support a culture in which daily PREA is monitored.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 633 356">VA Department of Corrections Website</p> <p data-bbox="240 445 679 472">Individuals interviewed/ observations made.</p> <p data-bbox="240 504 572 530">Interview with PREA Coordinator</p> <p data-bbox="240 618 580 645">Indicator Summary Determination</p> <p data-bbox="240 676 1477 801">Indicator: (f) The Virginia Department of Corrections website has all the previous PREA Audits posted. This was determined through a review of the state's DOC Website. The DOC has published all PREA reports dating back to the agency's first PREA Audits in 2015. Both of Harrisonburg Community Corrections Alternative Program's 2015 and 2019 reports were viewed on the state's website.</p> <p data-bbox="240 891 517 918">Compliance Determination:</p> <p data-bbox="240 949 1489 1075">The Virginia Department of Correction website has all previous facility PREA Audits posted under its PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.</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.)	yes
	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.)	yes
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.)	na
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.)	na
	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.)	na
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 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?	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 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).	na
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.)	yes
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.	yes
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).)	na
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.)	na
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.)	na
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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