

Prison Rape Elimination Act (PREA) Audit Report

Community Confinement Facility

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 5-10-25

Auditor Information

Name: Jack Fitzgerald	Email: jffitzgerald@snet.net
Company Name: Fitzgerald Correctional Consulting LLC	
Mailing Address: 87 Sharon Drive	City, State, Zip: Wallingford CT 06492
Telephone: 203-694-4241	Date of Facility Visit: 4/15-16/25

Agency Information

Name of Agency: Virginia Department of Corrections			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 6900 Atmore Drive		City, State, Zip: Richmond, VA 23225	
Mailing Address: P.O. Box 26963		City, State, Zip: Richmond, VA 23261	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://vadoc.virginia.gov/			

Agency Chief Executive Officer

Name: Chadwick Dotson	
Email: Chadwick.Dotson@vadoc.virginia.gov	Telephone: 804-887-8080

Agency-Wide PREA Coordinator

Name: Tammy Barbetto	
Email: tammy.barbetto@vadoc.virginia.gov	Telephone: 804-971-3213
PREA Coordinator Reports to: Rose Durbin	Number of Compliance Managers who report to the PREA Coordinator: 44

Facility Information			
Name of Facility: Harrisonburg Community Corrections Alternative Program			
Physical Address: 6624 Beard Woods Lane,		City, State, Zip: Harrisonburg, Virginia - 22802	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Community Confinement	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://vadoc.virginia.gov/			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.			
Warden/Jail Administrator/Sheriff/Director			
Name: Lawrence Heiston			
Email: lawrence.heiston@vadoc.virginia.gov		Telephone: (540) 733-3084	
Facility PREA Compliance Manager			
Name: Kelly Woods			
Email: Kelly.woods@vadoc.virginia.gov		Telephone: 540-733-3084	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Kerry KelloggClick or tap here to enter text.			
Email: Kerry.kellogg@vadoc.virginia.gov		Telephone: 540-733-3084	
Facility Characteristics			
Designated Facility Capacity:		130	
Current Population of Facility:		81	

Average daily population for the past 12 months:	84	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	Over 18	
Average length of stay or time under supervision:	Under 90 days	
Facility security levels/resident custody levels:	Minimum/ community	
Number of residents admitted to facility during the past 12 months:	474	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	474	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	474	
Does the facility hold youthful residents?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful residents held in the facility during the past 12 months: (N/A if the facility never holds youthful residents)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	43	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
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:	1	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	4
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2- Housing units and 1 temporary holding unit (former segregation cells used for medical isolation when needed)
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	0
<p>Number of open bay/dorm housing units:</p>	2
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	4 temp use cells
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	22
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 211, 213

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: n/a

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	4-15-25
2. End date of the onsite portion of the audit:	4-16-25
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Auditor spoke with both representatives of the statewide rape crisis agency (Action Alliance) and the local agency (Collins Center) The Auditor also spoke with representative of the local hospital with SANE Services to also determine if there were reported concerns.
Audited Facility Information	
4. Designated Facility Capacity:	130
5. Average daily population for the past 12 months:	84
6. Number of resident housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2 housing units,

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

Residents/Residents/Detainees	
8. Enter the total number of residents housed at the facility as of the first day of the onsite portion of the audit:	81
10. Enter the total number of residents with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of residents who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of residents who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of residents who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of residents who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of residents who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1
17. Enter the total number of residents who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of residents who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of residents who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of residents who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of residents solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of residents in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Staff, Volunteers, and Contractors <u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with residents/residents/detainees</u>	

24. Enter the total number of STAFF , including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	43
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with residents:	1
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with residents:	1
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

Interviews

Resident Interviews

Random Resident/Resident/Detainee Interviews

28. Enter the total number of RANDOM RESIDENTS who were interviewed:	13
29. Select which characteristics you considered when you selected random residents:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random resident interviewees was geographically diverse?	After selecting the target population the auditor used a random number to then select an additional residents from each of the two housing units.
31. Were you able to conduct the minimum number of random resident interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random resident interviews:	Click or tap here to enter text.

32. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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Targeted Resident/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED RESIDENTS who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of residents who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted resident/resident/detainee interviews below, remember that an interview with one resident may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted resident protocols.</i></p> <p><i>For example, if an auditor interviews a resident 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 resident interview categories will exceed the total number of targeted residents who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p align="center">3</p>
<p>35. Enter the total number of interviews conducted with residents with a physical disability using the "Disabled and Limited English Proficient Residents" protocol:</p>	<p align="center">1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	
<p>36. Enter the total number of interviews conducted with residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Residents" protocol:</p>	<p align="center">0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>The Auditor reviewed the target list with facility and agency leadership onsite</p>
<p>37. Enter the total number of interviews conducted with residents who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>The Auditor reviewed the target list with facility and agency leadership onsite</p>
<p>38. Enter the total number of interviews conducted with residents who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>The Auditor reviewed the target list with facility and agency leadership onsite</p>
<p>39. Enter the total number of interviews conducted with residents who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents/residents/detainees.</p> <p><input type="checkbox"/> The residents/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>The Auditor reviewed the target list with facility and agency leadership onsite</p>

40. Enter the total number of interviews conducted with residents who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents/residents/detainees. <input type="checkbox"/> The residents/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The Auditor reviewed the target list with facility and agency leadership onsite
41. Enter the total number of interviews conducted with residents who identify as transgender or intersex “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	Click or tap here to enter text.
42. Enter the total number of interviews conducted with residents who reported sexual abuse in this facility using the “Residents who Reported a Sexual Abuse” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	There were no allegations of sexual abuse at this facility.
43. Enter the total number of interviews conducted with residents who disclosed prior sexual victimization during risk screening using the “Residents who Disclosed Sexual Victimization during Risk Screening” protocol:	1

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Residents Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).</p>	<p>The facility is a community confinement center. Individuals who are aggressive would be removed from the facility</p>
<p>45. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>As a community confinement program with a work focus, individuals with significant disabilities, cognitive or barriers to employment may limit their numbers in the facility.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>47. 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 (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this</p>

	<p>option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Click or tap here to enter text.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Auditor interviewed individuals across the facility on both days. The Auditor had formal and informal conversations with staff. The staff is small, which required both custody and non custody staff to be interviewed to meet minimum.
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input 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 residents (if applicable) <input type="checkbox"/> Education and program staff who work with youthful residents (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 residents 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 checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with residents in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with residents in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	0
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Contractors onsite do not provide direct services to residents.

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 residents to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?

☒ Yes ☐ No

a. If no, explain what areas of the facility you were unable to access and why.

Click or tap here to enter text.

Was the site review an active, inquiring process that included the following:

60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?

☒ Yes ☐ No

a. If no, explain why the site review did not include reviewing/examining all areas of the facility.

Click or tap here to enter text.

61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?

☒ Yes ☐ No

a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.

Click or tap here to enter text.

62. Informal conversations with residents during the site review (encouraged, not required)?

☒ Yes ☐ No

63. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Click or tap here to enter text.

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; resident education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes ☐ No

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The auditor selected a portion of the current population and individuals discharged in the months prior to the site visit to review screening timeliness and referrals for treatment through medical or mental health. The auditor reviewed HR records to ensure criminal background checks of current staff. Log books were reviewed onsite as was the one investigative file information.

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 "resident" in the following questions. Auditors should provide information on resident, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Resident-on-resident</u> sexual abuse	0	0	1	0
<u>Staff-on-resident</u> sexual abuse	0	0	0	0
Total	0	0	1	0

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

0

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

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

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

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

Zero allegations

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 "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

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

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

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

Zero allegations of criminal conduct.

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Resident-on-resident</u> sexual abuse	0	0	0	0
<u>Staff-on-resident</u> sexual abuse	0	0	0	0
Total	0	0	0	0

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

Zero allegations- neither party claimed abuse. The case was referred for discipline under the resident conduct code.

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 "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Resident-on-resident</u> sexual harassment	0	0	0	0	0
<u>Staff-on-resident</u> sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

Zero allegations

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Resident-on-resident</u> sexual harassment	0	0	0	0
<u>Staff-on-resident</u>	0	0	0	0

sexual harassment				
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Zero allegations
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<i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i>	
<i>Sexual Abuse Investigation Files Selected for Review</i>	

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse complaints, one staff-reported incident was investigated administratively
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)

Resident-on-resident sexual abuse investigation files	
75. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	1- the case was determined to be consensual contact and referred for discipline under the inmate conduct code.
76. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)

77. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)
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Staff-on-resident sexual abuse investigation files	
78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
80. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)

<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Zero allegations
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal	<input type="checkbox"/> Yes <input type="checkbox"/> No

and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Resident-on-resident sexual harassment investigation files	
83. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
85. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
Staff-on-resident sexual harassment investigation files	
86. Enter the total number of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
88. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	As noted, the investigator only received one potential case of sexual abuse or sexual harassment. The case produced no victim, and the residents were referred for discipline under the conduct policy.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	n/a
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	n/a
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<div><input checked="" type="checkbox"/> The audited facility or its parent agency</div> <div><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</div> <div><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</div> <div><input type="checkbox"/> Other</div>

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.211 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
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/contact information
Agency-wide flow chart
Memo identifying HCCAP PREA Compliance Manager
HCCAP Facility Management Chart
Zero Tolerance posters/ notifications

Individuals interviewed/ observations.
Interview with PREA Coordinator
Interview with PREA Regional Analyst
Interview with PREA Compliance Manager
Interview with the Director of DOC
Interview with Superintendent
Interview with Staff
Interview with Probationers
Tour Observations

Summary determination.

Indicator (a). The Virginia Department of Corrections 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. The Harrisonburg Community Corrections Alternative Program is a 126-bed program for individuals on probation which is under the Department of Corrections in Virginia. Residents are eligible to go work in the community during the average 60-day stay.

Virginia DOC policy OP 038.3 Prison Rape Elimination Act (PREA) was written to address the various requirements of the standards. The 21-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 6 of the policy states. "The DOC has a Zero Tolerance Policy that strictly prohibits staff, contractor, volunteer, and intern fraternization and sexual misconduct with inmates and probationers/parolees, or between inmates and CCAP probationers/parolees. The DOC actively works to prevent, detect, report, and respond to any violation." The policy goes on to describe prohibited behaviors. "The DOC prohibits any behavior of a sexual nature such as abuse, assault, harassment, misconduct between staff, contractors, volunteers, or interns and inmates or CCAP probationers/parolees, regardless of consensual status." Policy language also specifies inmate conduct and consequences when it states the following. "DOC has zero tolerance for inmate-on-inmate and CCAP probationer/parolee-on-CCAP probationer/parolee sexual harassment, assault, or abuse. a. Sexual harassment, assault, and abuse by inmates and CCAP probationers/parolees is prohibited and subject to disciplinary action and may result in criminal charges; see Operating Procedure 861.1, Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program.

b. Consensual sexual activity among inmates or CCAP probationers/parolees is prohibited. Inmates and CCAP probationers/parolees who engage in this type of activity will be subject to disciplinary action; see Operating Procedure 861.1 Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program."

The policy sets forth agency and facility administrators' requirements to ensure PREA compliance. Several pages cover different aspects of the Virginia DOC prevention efforts. Pages 8-9 of OP 038.3 cover 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 with 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 policy informs the reader that termination is the presumptive action for staff, volunteers, or contractors who engage in sexual misconduct.

The Harrisonburg CCAP 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 they believed the staff supports a zero-tolerance environment free from sexual abuse or harassment. Interviews with residents support that sexual assault is not something they are concerned about.

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 Corrections Operation Manager (Previously- 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 provides technical assistance and training. The PREA 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 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 that 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 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 support that violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained complement who is aware of their duties in promoting a sexually safe environment.

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

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- 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 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 ☐ No ☒ NA

115.212 (b)

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

115.212 (c)

- Does the agency enter into contracts with entities that fail to comply with these standards, 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? ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 038.3 Prison Rape Elimination Act (PREA)
OP 260.1 Procurement of Goods
VA DOC Website
VA Contract with the GEO Group
GEO Group Website
PREA reports for Lawrenceville
Announcement of the return of Lawrenceville to VADOC
Monthly and Quarterly Monitoring of Lawrenceville during the GEO Contract

Individuals interviewed/ observations.
Interview with PREA Coordinator (PC)
Interview with Contract oversight staff

Summary Determination

Indicator a) The pre-audit report indicated the Department of Corrections had one contracted facility in the past three years. The Auditor was provided documentation of the 1500-bed contracted facility in Lawrenceville, Virginia. The Virginia Department of Corrections addresses the requirements of this indicator in two policies. The agency's PREA policy OP 038.3- PREA states, "contract for the confinement of DOC Inmates must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards." Policy OP 260.1- Procurement of Goods states, "All contracts for the confinement of DOC Inmates must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.". It defines the guidelines for emergency contracting of a facility that is not compliant with PREA. "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented." The Auditor was provided with several documents, including contracts with the GEO Group and annual renewals of the contract. The Lawrenceville facility was turned over to the Department of Corrections on August 1, 2024. The Element will be marked as Not Applicable, given that the facility was no longer under contract in the current audit year (8-20-24 to 8-19-25)

Indicator b) The Auditor found language in the two policies mentioned in indicator a). The policies state, "Any new contract or contract renewal must provide for agency contract monitoring to ensure that the

contractor is complying with the PREA standards.” The Auditor learned from the GEO website and documents provided that the facility in Lawrenceville has been under contract since 2003. The Auditor also reviewed The Virginia Department of Corrections website, which shows the facility in Lawrenceville has undergone three PREA audits (2016, 2019, 2022). The most recent PREA Audit of Lawrenceville Correctional Center occurred in August of 2022. At the time, the Virginia Department of Corrections had a Private Prison Liaison who routinely monitored the prison, and the inmates could report concerns to the PREA Office through the same process as other VADOC facilities. Memos and documentation support monitoring had occurred before the facility was turned over to the DOC.

Indicator c) As noted in indicator a), the Virginia DOC policy clearly defines the emergency circumstances by which the facility could be used that are not compliant with PREA standards. At no time has the Virginia DOC entered into such agreements.

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 Inmates included this standard's requirements and required agency personnel monitoring. The Auditor determined the Virginia Department of Corrections was meeting the requirements of this standard based on the documents reviewed in the OAS and on the GEO Group and Virginia DOC websites. As noted, the elements have been marked as not applicable as the facility is under the control of the Virginia Department of Corrections in the current audit year.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Physical layout of the facility? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

- 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 ☐ No
- 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 ☐ No
- 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 adherence to the staffing plan? ☒ Yes ☐ No
- 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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 401.1 the Development and Maintenance of Post Orders
OP 401.2 Security Staffing
Staff Duty Rosters
Staffing plans/ Annual Review
Camera positions
Duty Post audit report
Logs and Video of Supervisor Tours

Individuals interviewed/ observations.
Interview with PREA Coordinator
Interview with PREA Compliance Manager

Interview with Superintendent.
Interview with Staff
Interviews with Probationers

Summary Determination

Indicator a). The Virginia Department of Corrections policy 401.2 Security Staffing covers the language of this indicator. The policy uses the standard's 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])

- a. Generally accepted detention and Correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from Federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) (§115.213[a])
- f. The composition of the offender population (§115.213[a])
- g. The number and placement of supervisory staff
- h. Institution programs occurring on a particular shift
- i. Any applicable state or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse (§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 2024. The facility has provided documents, including the narrative, schematics of the facility, camera locations, and post assignments. The community confinement facility has 21 cameras covering much of the interior spaces of the facility. The facility does have exterior cameras that cover portions of the exterior where residents may be, including the recreation area. The facility encompasses about 25 active acres used by the facility with additional wooded acreage the state owns outside the cleared area. The cameras are monitored at the entrance to the building that houses inmates. The facility has 5 main buildings of which three are inside a secure perimeter. There are other storage spaces in the complex.

The facility is not under any legal judgment or has been sighted by any state or federal oversight body. The facility also has not had a PREA allegation in the past year. The Auditor confirmed this with the Superintendent and reviewed the information provided in the American Correctional Association's April 2024 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 staffing plan was developed for a maximum population of 126 probationers instead of the current or past year averages of less than 80. The report also shows the individuals involved in the review and the communication from the state's PREA Office. The facility also provided information on its efforts to fill vacant positions.

Indicator b). This indicator is NA. An interview with the superintendent confirms that 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 facility leadership would be notified of any emergency where minimums would not be met. The facility provided information on why the schedule may be adjusted, including for time off, injuries, and training. Inmates spoke with support and said that line staff and supervisors are readily available.

Indicator c). The PREA Office completed the 2024 annual review of the staffing plan with the Superintendent. 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 and PREA Regional Analyst also signed a document supporting their review report. The Auditor confirmed with the Superintendent and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for the allocation of resources or funds. The Superintendent confirms he regularly discusses staffing needs with his leadership team to ensure they are meeting any safety concerns, including sexual safety in the environment. The Auditor discussed areas where electronic monitoring could further improve safety. The facility had added one in the past year. The facility also provided documentation of routine supervisory rounds. This is not required in the community confinement standards but supports staff and residents. The auditor reviewed logs and video evidence supporting the rounds are made and confirmed with residents that they have access to all supervisors and facility leaders routinely.

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 the 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 Regional Analyst 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 staff, residents, and facility leadership confirmed that unannounced facility rounds are completed, though not required in the community confinement standard. Compliance is based on the reviewed documentation and interviews with facility leadership and the PREA Office staff. The documentation of the supervisory round supports the standard was exceeded.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- 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 residents.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

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

115.215 (d)

- Does the facility have policies that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an resident housing unit? ☒ Yes ☐ No

115.215 (e)

- 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 ☐ No
- If an 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 ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 350.2 Training and Development
OP 401.1 Development and Maintenance of Post Orders
OP 401.2 Security Staffing
OP 445.4 Screening and Searches of Persons
OP 720.2 Medical Screening, Classification & Levels of Care
OP 801.1 Facility Physical Plant and Sanitation
Search Training Materials
Log books on cross-gender announcements
Memos confirming no cross-gender searches or to determine genital status

Individuals interviewed/ observations.
Interview with Superintendent
Interview with Random Staff
Interview with Random Probationers
Observation of logs on-site

Summary Determination

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 identity 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."

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. Memos were provided quarterly, going back over a year, stating no cross-gender strip or body cavity searches had occurred at HCCAP. Probationers who were interviewed denied ever being naked in front of opposite-gender staff.

Indicator b). The Harrisonburg Community Corrections Alternative Program does not house female probationers.

Indicator c). As noted above, there are no females at HCCAP and no reported emergency requiring a cross-gender strip search of a male probationer. The DOC policy allows female staff to complete pat searches of male probationers, but strip searches of male probationers by female staff should only occur in exigent circumstances. Virginia DOC policy OP 445.4 covers the language of this indicator. "Male or Female Corrections Officers will frisk search male inmates and CCAP probationers/parolees." "One Corrections Officer and one other DOC employee, both of whom are of the same gender as the inmate or CCAP probationer/parolee or of the gender indicated on the approved Strip Search Deviation Request, will accompany the inmate or CCAP probationer/parolee into an appropriate area where privacy can be ensured. (5-ACI-3A-21; 4-ACRS-2C-06; §115.15[a], §115.215[a]) a. No person of the opposite gender can be present or witness the strip search." 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. Before the opposite gender strip search is conducted, the Shift Commander must approve the reason and notify the on-call duty Officer and the Regional PREA Analyst. The facility reports no such occasions have occurred.

Indicator d). Virginia Department of Corrections policy OP 801.1 addresses the indicator when it 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 random interviews with staff and probationers the practice of making cross-gender announcements. The auditor was provided with logbook entries in the OAS showing the announcements that had been made and documented. The Auditor also reviewed the logbooks at the two staff desk positions in the facility (between the housing units and on the lower level of the housing building.) 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 toilets and sinks and privacy 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 by female staff. The probationers did not report concerns about female staff seeing them toileting. The facility added additional

Indicator (e) Two Virginia DOC policies address the requirements of this indicator. OP 720.2 and OP 445.4 require that Transgender individuals will not be strip-searched to determine their genital status.

The policy requires that if unknown, the determination 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 can reportedly shower during counts. All admissions to HCCAP are planned as such; they would likely know in advance if an individual was transgender. The facility reports having two transgender or intersex individuals in the past year. The one transgender individual did not believe they were strip-searched to determine genital status.

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 would review the Probationer's request for the gender staff, and they would feel more comfortable. The facility provided training records and a curriculum that describes the search process. The staff knew to use the back or blade of the hand and communicate with the individuals to explain what would happen next. The staff were aware that some Probationers may have past trauma from physical or sexual abuse, making them hypervigilant. 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 /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. The probationer confirmed the ability to shower, change clothing, and use the restroom without a nonmedical staff of the opposite gender seeing them do so. The Auditor reviewed the agency's policies, procedures, and training documents. During the tour, the Auditor made observations and interviewed staff and probationers to determine compliance with this standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistance 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
☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy – 038.3 Prison Rape Elimination Act (PREA)

Offender training acknowledgment forms (English, Spanish)

PREA Brochure (English and Spanish)

Interpretive Service Contracts (Propio and Purple)

Comprehensive Education Video

Memo from Superintendent on Interpretive services

PREA Posting in the facility in multiple languages

Individuals interviewed/ observations made.

Probationer education acknowledgment

Interviews with Staff

Interviews with Offenders

Observations of PREA Information posted

Summary Determination

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 unable to identify individuals with physical hearing or vision impairments. 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 as 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 protection to these at-risk populations. The PREA Coordinator also oversees the agency's efforts to ensure compliance with ADA regulations. The facility did not have any targeted individuals who were LEP or disabled in the population on the days of the audit or in the past year. None of the individuals needed aids to comprehend information. The nature of the HCCAP being a work program may impact some individuals' ability to participate in the program. The facility has staff trained on ADA and would let the PREA and ADA regional analysts know of any barriers to comprehension of program expectations, including the facility's Zero-Tolerance stance toward sexual abuse or sexual harassment. The Auditor required the program to get an updated Spanish version of the resident handbook, which was provided during the post-audit period and uploaded to the OAS. The intake staff confirmed they asked individuals about their ability to read, and the auditor discussed the importance of offering bilingual individuals written materials in the language they are more comfortable reading. It should also be noted that the women's prison reportedly makes braille handbooks for those who are blind in the Virginia DOC institutions.

Indicator b). Virginia DOC policy 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 Purple, which 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 did not use the interpretive services as no individual was Limited English Proficient or used American Sign Language to communicate. The Auditor has previously used the same services at other Virginia DOC facilities this year. The Auditor reviewed the housing list for Hispanic and Asian surnames when determining the individuals to interview. The Auditor also spoke with the PREA Compliance Manager about how they would handle these situations if they were to arise. The PCM confirmed that these interviews would be completed in a private space away from others as they would use video or audio interpretation. Staff members interviewed were aware that there are interpretive services available if needed. As noted in indicator a), the auditor required a Spanish handbook to be available to residents. The Auditor did see appropriate signage in the facility in Spanish, the most common language other than English spoken in the program.

Indicator c). Random staff interviewed knew using one Probationer to interpret for another was inappropriate. 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 have been no incidents in which a probationer interpreter has been used to address any PREA-related concern in this Audit cycle. There have also been no admissions of any Limited English Proficient probationers to HCCAP in the past year.

Compliance Determination:

The State PREA Coordinator is also a Supervisor 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 also confirmed the use of Just Detention International's video "PREA What you need to know," which is used as part of Probationer education and is available in multiple languages. The Auditor was informed that there were no occasions when 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, and the staff and probationer's knowledge of accessing services all support a compliance determination. The Auditor also considered that the PREA Coordinator oversees the agency's ADA efforts, which is a positive consideration.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of 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 ☐ No
- Does the agency prohibit the enlistment of 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 ☐ No
- Does the agency prohibit the enlistment of 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 question immediately above? ☒ Yes ☐ No

115.217 (b)

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

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

115.217 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy OP 102.2 Recruitment Selection and Appointment
Policy OP 102.3 Background Investigation Program
Policy OP 102.7 Employment Records
Policy OP 135.1 Standards of Conduct
Policy OP 145.2 Employee Performance Management
Policy OP 260.1 Procurement of Goods and Services
Employee, contractor, and volunteer records
Chart of Criminal Checks for all employees

Individuals interviewed/ observations made.
Interview with Human Resource Staff
Interview with Agency PREA Coordinator
Interview with Superintendent

Summary Determination

Indicator (a). The Virginia Department of Corrections currently uses an online process for prospective applicants to apply for 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 of 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

1. The DOC will not hire or promote anyone for a position that may have contact with Probationers, probationers, or parolees who has been:

a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. §1997, Civil Rights of Institutionalized Persons);

- b. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.”

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. 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 were asked at the time of hire and during promotional periods. In determining compliance, the Auditor reviewed 13 files of the 41 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. HCCAP Records are maintained on-site in a working file with the regional office, which completes the pre-employment background checks and has an official record.

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 Resources staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Superintendent’s attention before any offer of a position in the institution. The agency’s regional office completes the criminal checks and sends notices to the facility if a concern arises. The DOC prescreening process for its employees seeks information on criminal offenses, and the agency does contact 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 limited contracted staff that have provided direct services to the probationers in the past year. Sample records were provided, supporting appropriate background investigations are completed before access is granted.

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 applicant's 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 applicant's Driver's License or other government-issued photo identification

vi. A Copy of the applicant's 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. Applications of potential candidates are forwarded to the DOC regional office which has the agency's background unit. The staff has a system for tracking individuals who are due the 5-year checks. The Auditor, Superintendent, 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). Harrisonburg Community Corrections Alternative Program as stated in Indicator (a), completes criminal background checks on all contracted employees and any approved volunteers. Interviews with contracted staff and volunteer support showed that they were required to pass a background check before being allowed into the facility. Contracted employees with 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 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 approved non-employees who were allowed to enter the facility and perform tasks under staff supervision.

Indicator (e). Discussions with the human resources staff support the idea 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 its human resources file. The policy states, “The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.” The Human Resources staff confirmed the process is done and that if new charges were found, steps would be 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 Harrisonburg Community Corrections Alternative Program employees are asked to complete the Employee Application, which includes questions required in Indicator a). After hiring, the employees also complete a form titled PREA Mandatory Sexual Misconduct Disclosure. Staff is asked the aforementioned questions and is created with 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, and they acknowledge these questions annually.

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). With proper release of information, the Virginia DOC allows the agency to disclose any PREA-related concerns to other institutions. 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 standard's requirements, including the completion of background checks and pre-employment screening that supports the agency’s efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the HCCAP that oversees 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 maintain the line of communication. The Virginia DOC has implemented forms in policy to document staff understanding of the requirements related to the various indicators in this standard. The facility provided examples in advance, and the auditor reviewed 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 the 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 it. As outlined above, the Auditor used several factors to determine compliance.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect 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.)
☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 801.1 Facility Physical Plant and Sanitation
Memo from Superintendent
Camera Locations

Individuals interviewed/ observations made.
Interview with PREA Compliance Manager
Interview with Superintendent
Observations on the Tour of potential blind/risk spots

Summary Determination

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."

Indicator b). The HCCAP has added one camera in the medical office area 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 has cameras to cover the majority of the interior of the complex. The facility also has numerous mirrors that assist staff in monitoring areas where direct line of sight is not always possible. The Auditor discussed on tour some potential concerning areas where additional monitoring could be beneficial. Exterior areas and some lower-level classroom spaces would improve safety and enhance investigations. The facility has limited incidents of aggression of any type.

Compliance Determination:

Agency policy 801.1 supports the Virginia Department of Corrections, which has a system to consider probationer sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. The interviews supported the idea that there are strong avenues of communication between the facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns. 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 to communicate about needs that could impact safety. Indicator a) was not applicable as there have been no reported changes in the past three years. Indicator b) shows the facility invested in cameras in the medical area to improve safety. Compliance is based on policy, observation on the tour, and the facility and agency leadership's understanding on the need to assess any changes.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy – 030.1 Evidence Collection and Preservation
Policy – 030.4 Special Investigations Unit
Policy – 038.3 PREA
Policy – 720.7 Emergency Medical Equipment and Care
Policy – 730.2 MHS Screening Assessment and Classification
Virginia Department of Criminal Justice Services Website
Virginia Statute 53-10 Power and Duties of DOC Director
Virginia listing of SAFE/SANE training programs.
MOU with Action Alliance
VA DOJ- SART A Model Protocol for Virginia
National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents

Individuals interviewed/ observations made.
Interview with PREA Compliance Manager
Interview with Random staff
Interview with SANE/SAFE (Sentara RMH Medical Center)
Interviews with Investigative staff
Interview with Rape Crisis Agency staff (Action Alliance, Collins Center)

Summary Determination

Indicator a). The Director of the Virginia Department of Corrections is given the authority in statute to employ an investigative unit with full police powers. The agency will complete both criminal and administrative investigations. The law described the Director's ability as follows. "To designate employees of the Department with internal investigations authority to have the same power as a sheriff or a law-enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department. Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services under § 9.1-102 for law-enforcement officers prior to exercising any law-enforcement power granted under this subdivision." 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. Pages 12-13 specifically address the Prison Rape Elimination Act. “. “VII. Prison Rape Elimination Act (PREA) Investigations

A. The Organizational Unit Head will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

B. When the Organizational Unit Head receives notification from another facility that an inmate or CAP probationer/parolee was sexually abused while confined at that facility, they will ensure that the allegation is investigated in accordance with the PREA Standards

C. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility-designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation.

D. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment will be referred for investigation to the SIU which has the legal authority to conduct criminal investigations.”

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

“G. Evidence Protocol and Forensic Medical Examinations

1. SIU has an established uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

2. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.”

Virginia DOC Policy 030.1 Evidence Collection and Preservation further defines steps to be taken by investigators to protect evidence, chain of command, and crime scene integrity. This policy also addresses video evidence and storage. An interview with an 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 the investigator or a SANE can properly obtain it in a first responder situation.

Indicator b). The Special Investigation Unit policy also addresses the requirement of this indicator. The Auditor confirmed with the Investigator, the nurse in charge of Sexual Assault Examinations at the hospital on the protocol used for Sexual Assault Examinations. The 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 that 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. The Virginia state website has a listing of all hospitals with SAFE/Sane training programs. The Harrisonburg area hospital called Sentara RMH Medical Center system which is listed as a training site. The hospital is located just 14 miles from the HCCAP facility.

Indicator c). All victims of sexual abuse at Harrisonburg Community Corrections Alternative Program would be taken to Sentara RMH Medical Center facility in Harrisonburg VA. 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 the Virginia Victims Fund, which will cover the victim's costs.

“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 (Collins Center) to see if they received any requests for providing emotional support for any HCCAP probationer or had concerns about past complaints of sexual violence at the facility. The staff reported no concerns and said they are currently not working with any residents.

Indicator e). Harrisonburg Community Corrections Alternative Program has two policies addressing this indicator's requirements 038.3 PREA (page 13) and 730.2 MHS Screening and Assessment (page 8). Interviews with the local hospital's SANE nurses, the Action Alliance representative, and the facility PREA Compliance Manager confirm 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 move 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 be available if the probationer or Action Alliance requested.

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 the hospital. The Auditor reviewed the agency's policies and procedures and 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.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy – 030.4 Special Investigation Unit

Policy – 038.3 Prison Rape Elimination Act (PREA)

Agency Website

Investigation Matrix

Memo confirming no allegations

Virginia law- 15.2-1704. Powers and duties of the police force.

Individuals interviewed/ observations.

Interview with Director

Interview with Superintendent

Interview with Investigators

Interview with Probationers who made allegations

Summary determination.

Indicator a). The Virginia Department of Corrections has put in place trained investigators to complete criminal and administrative Investigations of sexual misconduct at its facilities. The Auditor spoke with the facility Investigator while on site and with an SIU representative who would investigate events at HCCAP. Each investigator confirmed the process of informing them of an allegation. Virginia 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.

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 that the SIU staff has 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.

Indicator c). N/A - The Virginia Department of Corrections is responsible for Criminal Investigations and Administrative Investigations at Harrisonburg Community Corrections Alternative Program.

Indicator d). N/A - The Auditor is not required to review this provision.

Indicator e). N/A - The Auditor is not required to review this provision.

Compliance Determination:

The documents reviewed by the Auditor confirm the authority of the DOC investigators to investigate sexual abuse and sexual harassment allegations. 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.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

- 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 ☐ No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy 102.6 Staff Orientation
Policy 350.2 Training and Development

Harrisonburg Community Corrections Alternative Program staff training records
Training Curriculums, outlines, and exams for Online and Academy courses
PREA/ADA monthly newsletters
Memo on training during COVID
Training rosters for HCCAP
PREA Office newsletters

Individuals interviewed/ observations made.
PREA Compliance Manager
Random Staff

Summary determination.

Indicator a). The Virginia Department of Corrections has policies and training 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:

- 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."

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 protect, detect, and respond to 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 use 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."

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 confirm that all staff are getting PREA training regularly. Employees also report that information is refreshed or updates are 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's 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 lists the 10 items in indicator (a), their continued responsibility to comply with the agency's PREA policy, and the requirement to report all concerns. The auditor was provided with staff training records to further support staff training.

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 by publishing a monthly newsletter reinforcing PREA topics and training modules. The Auditor determined compliance based on the staff's retained knowledge, training materials, interview with the PREA Compliance Manager, and staff training records.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- 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 ☐ No

115.232 (b)

- 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 ☐ No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy OP-038.3 Prison Rape Elimination Act.
Policy OP-810.2 Transferred Offenders and Receiving Operations

Probationer Orientation Manual
Zero Tolerance Postings
Probationer Training Outline (intake)
Probationer Training Outline (comprehensive)
Probationer acknowledgment Forms

Individuals interviewed/ observations made.
Interview with Intake Staff Person
Interview with Probation Officers
Interview with Probationers
Observation on tour of PREA Signage in two languages

Summary Determination:

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, 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. All probationers sign when they are educated upon admission and sign the form again once they have completed the more comprehensive training.

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. Caseworkers 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 Corrections'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).

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)

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."

Random Probationers confirmed education into PREA. Probationers confirm verbally in the interviews they have received education about PREA and how to report a concern. All 474 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. No probationers were in the Harrisonburg Community Corrections Alternative Program before the implementation of the PREA law. Many random probationers referred to signage in the units that educated 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 and video documents to large print documents. Probationers support the idea 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 individuals 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, 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 ADA compliance for the DOC. The Central Region PREA Analyst is also trained in ADA compliance.

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 Probationers. This supports they have received PREA education. Agency policy takes the additional step to require that if any client file an audit does not have written proof of education, the probationer is required to undergo reeducation immediately. The probationer met with them and confirmed they attended the training and were required to sign an acknowledgment form at intake.

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 the fact that materials are continuously available to probationers. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested that periodic video refreshers be made available to probationers and required adding a secondary language copy of the handbook. The documentation of the Spanish Handbook was provided during the post-audit period.

Compliance Determination

PREA is a term the Probationers are familiar with at HCCAP. Most probationers report prior education on PREA in county Jail or previous DOC stays. 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, the 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 day one and in the orientation class. This class has a PREA video, and the staff running the class goes over the Probationer handbook that contains PREA information and consequences for those who violate program rules. The information reviewed is signed by the Probationer and placed in their case record. The facility continuously has PREA educational materials, such as brochures and posters, available to probationers. 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 were uncomfortable 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.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy OP 030.4 Special Investigations Unit
Policy OP 350.2 Training and Development
Training for Institutional Investigators (PowerPoint)
VA DOC Investigator Training
NIC training on investigating sexual assaults in a Correctional Setting
Investigation Matrix
SIU Investigator Training records
Facility Investigator's training records

Individuals interviewed/ observations made.
Interview with SIU Staff
Interview with HCCAP Investigator
Interview with Superintendent

Summary Determination

Indicator (a) The Virginia Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations Unit (SIU) agents who are official law enforcement agents with full powers of arrest in 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.

Specialized training shall include:

- i. Techniques for interviewing sexual abuse victims
 - ii. Proper use of Miranda and Garrity warnings
 - iii. Sexual abuse evidence collection in confinement settings
 - iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral."
- DOC SIU Agents have received training in completing investigations consistent with the Virginia statutes and DOC policy. The Department of Corrections has a cadre of 22 SIU staff members trained on how to complete sexual assault investigations in the Correctional setting. In addition to SIU, the facility's Major has

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.

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 the developed course. The agency course, reviewed by the Auditor, contained all the relevant topics required in this standard and was developed in 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 22 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 investigator.

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 the idea 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 a compliance determination based on policy, the training materials provided, and the interviews with facility and SIU investigators. There were no incidents to review to compare the training's practical application.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy 102.6 Staff Orientation

Policy 350.2 Training and Development

Policy 701.1 Health Service Administration

Policy 720.7 Emergency Medical Equipment and Care

NIC Courses for Medical and Behavioral Health Staff on Working with Victims in Corrections

NIC Certificates

Individuals interviewed/ observations made.

Medical Staff

Mental Health Staff

Sentara RMH Medical Center Staff

Summary Determination

Indicator (a) the Harrisonburg Community Corrections Alternative Program employs limited medical services onsite. Mental Health Services are by referral or treatment plan; 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:

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."

Interviews with healthcare staff confirmed they 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 refused any of the initial treatment recommendations at the hospital. The mental health staff supported they would also provide frequent check-ins and assessments after a sexual abuse incident.

Indicator (b) The staff does not complete a forensic exam. Discussions with the Sentara RMH Medical Center confirmed the availability of trained nurses to perform sexual assault exams.

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.

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 for both Medical and Mental Health.

Compliance Determination:

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 and with 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.

The Auditor reviewed policies to determine compliance, interviews were conducted, a review of the training program for Medical and Mental Health Staff was conducted, and training records were figured into the compliance determination. The Auditor also considered the availability of SAFE nurses in the local hospital.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- 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 ☐ No
- 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 ☐ No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (2) The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (4) Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (5) Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (6) Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (7) 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 nonconforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (8) Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (9) The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess an resident's risk level when warranted due to a referral?
☒ Yes ☐ No
- Does the facility reassess an resident's risk level when warranted due to a request?
☒ Yes ☐ No
- Does the facility reassess an resident's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an resident's risk level when warranted due to receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy OP 730.2 Screening Assessment and Classification
Policy OP 810.1 Offender Reception and Classification
Policy OP 810.3 Transferred Offender Receiving and Orientation
Policy OP 861.1 Offender Discipline
Client Classification Screenings
Client Reassessments

Individuals interviewed/ observations made.
Interview with Agency PREA Coordinator
Interviews with Armor staff.
Interview with Intake and Screening staff
Interview with Superintendent
Observation on tour

Summary Determination

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 (page 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. The online audit system provided evidence supporting that probationers are screened, showing completions over the month of admission. Some residents are admitted from a county jail, while others have gone to treatment slots in another DOC facility and are transferred to HCCAP as they prepare for release.

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 probationers also confirmed they are met in the first 24 hours after being 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 Auditor also selected 15 files from the current population to review on-site 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-hour window from admission.

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 for 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 admissions 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 aggressor (HRSA) or High-Risk Sexual Victim (HRSV). The Virginia DOC PREA Policy states the following regarding the PREA screening process. "The Classification Assessment must be approved within 72 hours of the inmate's arrival at the institution and will include a review of the following factors: (§115.41[b], §115.41[e])

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

Indicator (e). The Probation Officer stated the tool asks questions about the probationer's history of violence, including sexual abusiveness. The Virginia DOC screening tool does consider the offender's history of violence or sexual abusiveness in the community and prior institutional settings. The PREA Compliance Manager and the Probation Officer interviewed about screenings reported if the Inmate has an incident in the current institution, they would be reassessed, which could change their scoring. The agency screening guidelines remind staff that Inmates can be both a high risk to be a victim of sexual abuse (HRSV) and a high risk to be a sexual aggressor (HRSA). The agency practice is to follow the guidelines of HRSA when the Inmate scores positive for both status measures. The Auditor also saw the HRSA/ HRSV screens from VACORIS (the state's electronic case management system) when identifying the target population for interviews. The current population of the HCCAP has no individual who scored HRSA in the low-level security facility. The auditor's review of the tool supports the fact that 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 that all files were completed on time for both initial and the reassessment for those individuals who were in the program 30 days or longer. 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. The policy requires an annual reassessment if the facility had an HRSA individual. "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 disclosing information during the screening process. The Auditor spoke with a probation officer, who completed the initial screening and 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 a Probationer is kept to a limited few individuals. The PREA screening results can only be seen by the probation officers (case managers), the lieutenant officers 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 by limiting individuals' access to scoring. Virginia DOC developed the objective tool and has clear guidelines for its use. The tool accounts for all factors required in indicators (d) and (e). 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 the idea that the appropriate questions are being asked. Compliance was determined based on the sample screens reviewed and their consistency with the required content. The probationers confirm that the questions asked are consistent with the described screening and reassessment process. The facility and the VA PREA Office discovered and resolved a concern about the timeliness of screenings that were consistent with the standard. The Auditor finds the facility has resolved this concern, as evidenced by a random sampling of the current population.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

- 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 ☐ No
- 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 ☐ No

115.242 (d)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

115.242 (e)

- 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 ☐ No

115.242 (f)

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

115.242 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

. Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy OP 038.3 Prison Rape Elimination Act
Policy OP 730.2 MHWS Screening, Assessment, and Classification
Policy OP 940.4 Community Corrections Alternative Program
Client Classification Screenings
Client Reassessments
HRSA/HRSV reports in CORIS
Memos on PREA Scoring

Individuals interviewed/ observations made.
Interview with PREA Compliance Manager
Interview with Intake Officer
Interview with Random Staff
Interview with random Probationers
Population report
Observation on tour

Summary Determination

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 at a high-risk or 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-disciplined 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 with examples of the report available in VACORIS that breaks out individuals who score as high risk for sexual aggression or being victimized. HCCAP has only two units but the program does not often get individuals who score HRSA and HRSV at the same time. As a low-level facility, individuals with recent aggressive histories would unlikely be placed in a community confinement facility.

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 probation staff who regularly meet individuals, allowing for informal check-ins where safety concerns could be disclosed. The 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.

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 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 also addresses the indicator 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." The Agency PREA Coordinator provided a description of the process that the department undertakes in reviewing at an agency level the most appropriate housing options for Transgender and Intersex Individuals. The central office committee reportedly meets at least quarterly to review transgender and intersex inmates' and probationers' facility assignments. The committee includes the Virginia Department of Corrections's medical and mental health care leadership.

Indicator (d) The facility had two transgender persons for which meetings were held. Facility management, including the Superintendent and the PREA Compliance Manager, are aware of the expectations.

Indicator (e) The Agency PREA Coordinator confirmed that a transgender probationer would be allowed to make requests for 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 will continue to assess the most appropriate housing. The agency also expects 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." There have been two transgender or intersex individuals at HCCAP in the past year.

Indicator (g) The Virginia Department of Corrections 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. Supervisors report that someone's Sexual Orientation Gender Identity Expression (SOGIE) status itself is not a factor for housing placement.

Compliance Determination

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 that there is good communication about those at risk.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses residents detained solely for civil immigration purposes) ☒ Yes ☐ No ☐ NA

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.
 HCCAP PreAudit Questionnaire
 Policy OP 038.1 Reporting Serious or Unusual Incidents
 Policy OP 038.3 Prison Rape Elimination Act
 Policy OP 803.3 Offender Telephone Services
 Policy OP 801.6 Offender Service
 Policy OP 866.1 Offender Grievance Procedure, Institutions
 Memo on no reported incidents
 VA PREA Brochure
 HCCAP Handbook
 PREA Posters

Individuals interviewed/ observations made.
 Interview with Random Staff
 Interview with Random Probationers
 Observation on a tour of reporting information

Summary Determination

Indicator (a) The Virginia DOC has multiple policies that address the concerns of this standard indicator. The Probationer reporting section of the PREA policy (OP 038.3) states, "Inmates and CCAP probationers/parolees can report sexual abuse and sexual harassment, inmate and CCAP probationer/parolee retaliation for reporting sexual abuse and sexual harassment, and staff neglect or

violation of responsibilities that may have contributed to such incidents to any staff member including chaplains, medical, mental health or counseling staff, security staff, or administrators” It goes on to state, “Inmates and CCAP probationers/parolees will not be required to report sexual assault to the immediate point-of-contact line officer only; an inmate or CCAP probationer/parolee may report a sexual assault to any staff member using any available method to include:

- i. Verbally in person to a staff member or through another third party who can assist the inmate or CCAP probationer/parolee in filing requests for administrative remedies
- ii. Verbally through the inmate and CCAP probationer/parolee telephone system sexual assault hotline number #55
- iii. Written using a Facility Request 801_F3 or other type of written document; see Operating Procedure 801.6, Inmate and CCAP Probationer/Parolee Services.

(a) Inmates can submit a written report through the Offender Grievance Procedure using the Written Complaint 866_F3, Regular Grievance 866_F1, or Emergency Grievance 866_F4; see Operating Procedure 866.1, Offender Grievance Procedure.

(b) CCAP probationers/parolees can submit a written report through the complaint process; see Offender Complaints, Community Corrections. d. There is no time limit on when an inmate or CCAP probationer/parolee may submit a Complaint, Written Complaint, or Regular Grievance regarding an allegation of sexual abuse; see Operating Procedure 866.1, Offender Grievance Procedure and Operating Procedure 866.2, Offender Complaints, Community Corrections” 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). Residents supported access to writing materials to be able to mail internal or external individuals. The facility will provide postage to indigent residents. Residents are made aware if the calls are recorded or not.

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 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. 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 analyst confirmed that he had received the 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 report a concern separate from seeking emotional support, they can report the complaints 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. “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.” Random staff knew that they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim needed to be reported and documented in writing, even if they thought it did not occur. 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 led 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 Corrections provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a probationer, they reported 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.

Compliance Determination:

Virginia Department of Corrections has several policies that promote staff and probationer 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 to report a concern or to seek emotional support. Probationers spoken to formally and on tour reported comfort in speaking with staff, especially the facility PREA Compliance Manager, if they had concerns. 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 Analyst. The Auditors also successfully tested the reporting phone system with the regional PREA Analyst who was notified of the call.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- 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 ☐ No

115.252 (b)

- 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 ☐ No ☐ NA

- Does the agency always refrain from requiring an 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 ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: An 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 ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.252(d)(3) when the normal time period for response is insufficient to make an appropriate decision, 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 ☐ No ☐ NA
- 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 an resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

115.252 (e)

- 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 ☐ No ☐ NA
- 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 an 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an 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 ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines an 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Policy OP 038.3 Prison Rape Elimination Act
Policy OP 866.1 Offender Grievance Procedure, Institutions
HCCAP Investigation Chart
Memos from Superintendent

Individuals interviewed/ observations made.
Interview with facility PREA Monitor
Interview with PREA Office staff
Interview with Superintendent
Interview with Grievance Officer
Interview with Random Probationers
Observation on tour

Summary Determination

Indicator (a) The Harrisonburg Men's 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.

Indicator (b) Agency policy and client handbooks support that the Probationer can file a grievance to a person who is not the subject of the grievance, and there is no requirement to resolve the situation through an informal process. Agency policy OP 866.1 Offender Grievance Procedure, Institutions sets forth language consistent with the standard. The policy denotes, "The Offender Grievance Procedure is one way in which offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and/or any staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are prohibited from interfering in any part of the complaint or grievance process and from retaliating against an individual for use and/or participation in the Offender Grievance Procedure." The policy also states, "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse or sexual harassment"

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."

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.

Indicator (d) Policy OP 866.1, Offender Grievance Procedure, Institutions sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The Agency policy describes a process that should be completed in a total time of under 180 days. The facility management reports they will treat PREA allegations in an expedited fashion.

"PREA Exception to Informal Complaint Process

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

2. Staff must accept all offender allegations of sexual abuse and sexual harassment reported through the

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

3. Staff must forward Written Complaints alleging sexual abuse or sexual assault to the PREA Compliance Manager for investigation; the written response must be "This matter has been forwarded for investigation to the PREA Compliance Manager". The PREA Compliance Manager must notify the Regional PREA Analyst. " 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 Party Assistance - Third parties must be able to assist offenders in completing grievances relating to allegations of sexual abuse and sexual harassment and must be permitted to file such requests on behalf of offenders. (§115.51[c],§115.52[e]) a. If a third party files such a request on behalf of an offender, the offender must agree to have the request filed on their behalf. i. If the offender does not agree, staff must document the decision and the grievance must not be accepted. ii. If the offender does agree, assistance from fellow offenders or staff members may continue through all stages that remain. b. Any third party filing of a request related to allegations of sexual abuse or sexual harassment must be forwarded to the PREA Compliance Manager." Staff were also aware they need to accept all complaints or grievances from third-party individuals be it other Probationers or other interested parties.

Indicator (f) Policy OP 866.1 describes the provisions for an emergency grievance.

"Emergency Grievance Process (§115.52[f(1)])

1. Any offender who has a substantial risk of imminent sexual abuse or whose current situation or condition subjects them to an immediate risk of serious personal injury or irreparable harm should immediately notify staff for assistance.

2. The offender can access the emergency grievance process by submitting their issue on the Emergency

Grievance 866_F4, for an expedited response.

3. Emergency grievances that are not resolved to the inmate's satisfaction may then be filed as a Regular

Grievance. An inmate must exhaust this administrative remedy when originally filing an emergency grievance, prior to seeking Judicial Relief.."

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) Virginia Department of Corrections states 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 have not been filed 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 Men's 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's right 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 to resolve it 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.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- 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 ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy OP 038.3 Prison Rape Elimination Act

MOUs with Action Alliance

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Interview with Action Alliance staff

Interview with Collins Center representative

Interviews with Random Probationers

Signage reporting PREA in multiple languages

Observation on tour

Summary Determination

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 Men's 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. The local RCC reports experience providing emotional support with the local hospital where HCCAP residents would go. The Rappahannock representative confirmed that their staff can also provide support during investigatory interviews and can make referrals to individuals who leave the area after release. The Virginia Department of Corrections also provides ongoing mental health services to individuals in its facilities.

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 would allow for a more open dialog. Virtual mental health meetings currently occur at the facility as needed.

Indicator (c) The Department of Corrections has a Memorandum of Understanding with Action Alliance, which covers the Harrisonburg Men's 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.

Compliance Determination:

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 Services. As part of the audit process, the Auditor spoke by phone to an Action Alliance representative, who confirmed their ability to provide service at DOC facilities. The agency Investigator knew about the importance of offering the support of Action Alliance and its affiliates during the 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.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy OP 038.3 Prison Rape Elimination Act

Virginia DOC Website (third-party reporting)

PREA Posters on Housing units

information of the PREA report Hotline

forms for third-party reporting

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Random Staff Interviews

Observation on tour

Summary Determination

Indicator (a) The Virginia Department of Corrections has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow Probationers, family, or friends. Information can be given in person, by phone, email, US mail, or by contacting the agency 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.

a. If a third party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf, as a condition of processing the request. The alleged victim will also be required to personally pursue any subsequent steps in the administrative remedy process.

b. If the offender declines to have the request processed on their behalf, facility staff must document the offender's decision.

c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public website."

The HCCAP has had no reported third-party reporting of sexual misconduct concerns. Signage in the facility, information in the probationer handbook, and the website supported informing individuals about third-party reporting.

Compliance Determination:

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 they needed to report all third-party complaints regardless of source. The probationers interviewed confirmed they could report a PREA concern on behalf of another resident. Finally, the Auditor considered the options listed on the state's website for filing a PREA Complaint and the annual report delineating the number of calls by region and facility.

OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

OP 038.1 Reporting Important or Serious Incidents

OP 038.3 Prison Rape Elimination Act

OP 730.2 MHS Screening, Assessment, and Classification

OP 801.6 Offender Services

Virginia Department of Social Services Website

Virginia Laws on Vulnerable Adults- State Website

Memos confirming no reports

Individuals interviewed/ observations.

Random Probationers

Random Staff

Superintendent

Medical Staff

PREA Compliance Manager

SIU and Facility Investigators

Summary determination.

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 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."

Policy 730.2 and 038.1 also address the requirements of this standard. "G. Reporting of Sexual Misconduct

1. Any employee, volunteer, or contractor must immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC. §115.61[a], §115.261[a])

2. Any employee, contractor, or volunteer must immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of retaliation against inmates, probationers/parolees or employee/contractor/volunteer who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If

applicable, an Internal Incident Report will be submitted with PREA checked in the description field. A PREA Report of Incident Review 038_F11 may be required at the conclusion of the investigation. (§115.61[a], §115.261[a])”

Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations, no matter the source or their personal beliefs as to the validity of the claim. The auditor reviewed the incident report and investigation of a potential abuse case and discussed the steps with the staff and investigator involved.

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.

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 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 that if the information was related to the potential risk to them or another individual, it would be disclosed to facility investigators.

Indicator d). The Harrisonburg Community Corrections Alternative Program 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 facility investigator 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 as described in indicator a) supports that all allegations are referred for investigation. The Auditor also reviewed the facility’s PREA response plan, which requires the immediate notification of the investigator upon reports of sexual abuse. The Auditor also spoke with the Facility and an 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 was well-trained in the expectations of the standard. Compliance was based on policy and interviews including the staff and investigator who responded to a suspected incident of sexual misconduct. Thought there was no abuse the response was prompt.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that an resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 038.3 Prison Rape Elimination Act
OP 720.2 Medical Screening, Classification, and Levels of Care
OP 940.4 Community Corrections Alternative Program.
Memo of no reported incidents

Individuals interviewed/ observations made.
Director of VA Department of Corrections
Superintendent
Random Staff

Summary determination.
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 expectation of reporting is also covered in the healthcare policy OP730.2, “The Psychology Associate will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined that the inmate is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization..” The agency’s policy OP 940.4 Community Corrections Alternative Program supports a planned process for reviewing the alleged concern. “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.” 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 no imminent risk cases in the past year. As noted previously, the facility can recommend a negative discharge if a probationer shows any sexual aggression.

Compliance Determination:

The Virginia Department of Corrections has in place both policy and appropriate resources to keep safe individuals at imminent risk of sexual abuse. As outlined in indicator a), several policies direct steps to be taken to protect such individuals from sexual abuse. The Director and the Superintendent support the expectation that 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 individuals at imminent risk, 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.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that an 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 ☐ No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 038.3 Prison Rape Elimination Act
OP 030.4 Special Investigations Unit
Memo confirming no reports to or from other institutions

Individuals interviewed/ observations.
Interview with PREA Coordinator
Interview with Superintendent

Summary determination.

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.
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."
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 that the DOC PREA/ADA unit would be notified. The Auditor was informed that there were no such cases in the past 12 months. The OAS document did state one, but the auditor confirmed this was

in error with the regional analyst, who confirmed that the Superintendent's memos on no allegation of abuse at other institutions were received.

Indicator b). As noted in Indicator a), the Virginia Department of Corrections policy requires notification within 72 hours after the facility becomes aware of the alleged crime. The 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.

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 were to report abuse at a past institution.

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. No such allegation was made or received that required the Investigators to be notified. Interviews with these individuals support the idea that their response would be immediate.

Compliance Determination:

The Auditor finds the facility to be compliant with the standards' expectations. The Superintendent and the DOC Director clearly committed to ensuring each probationer's allegations are to be thoroughly investigated. The Superintendent was aware of the timeliness requirements for notifications. 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.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an 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 ☐ No
- Upon learning of an allegation that an 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 ☐ No

- Upon learning of an allegation that an 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 ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
OP 030.4 Special Investigations Unit
OP 038.3 Prison Rape Elimination Act
HCCAP PREA Response Plan
PREA Training Materials

Individuals interviewed/ observations.
Random Staff
Medical Staff

Summary Determinations:

Indicator a). The PREA policy OP 038.3 of the Virginia Department of Corrections 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."

The Auditor reviewed Policy 030.4 Special Investigation Unit and found similar language describing the expectations of a first responder to a sexual abuse situation. Interviews with random staff supported the idea that they were trained in the expectations of the first responder's duties. The staff was able to provide steps they would take consistent with the policy statement above and the training materials reviewed as part of 115.131. No security staff had to respond to a sexual assault incident in the past year.

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 according to the expectations of the first responder. Nonsecurity 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. No non-security staff has to respond to a sexual assault allegation.

Compliance Determination:

The facility did not have any custody staff available who had acted as a first responder to 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 could see them. All Staff also knew the importance of thorough documentation of the incidents and maintaining confidentiality about the incident, except 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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Harrisonburg Community Corrections Alternative Program PREA Response Plan

The VA DOC PREA Response Checklist

OP 075.1 Emergency Operations Plan

OP 038.3 Prison Rape Elimination Act

Individuals interviewed/ observations made.

Superintendent

Major

PREA Coordinator

Summary determination.

Indicator a). The Virginia Department of Corrections has put language into the agency's Emergency Plan and PREA policies. Each policy 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. Policy OP 038.3 states, "Each Facility Unit Head or designee will develop a written plan to coordinate the actions taken staff by first responders, medical practitioners, Mental Health Clinicians, investigators, and facility leadership in response to a sexual abuse incident; see Sexual Assault Response Checklist 038_F6" The PREA policy and the agency PREA response checklist provide facilities direction in the development of a plan. The Auditor reviewed the 7-page 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. The supervisory staff knew of the steps to be taken, and that they are to use the checklist to ensure all aspects of the plan have been enacted.

Compliance Determination:

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 between all facility leadership levels 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.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Virginia Code §40.1
OP 135.1 Standard of Conduct

Individuals interviewed/ observations.
Interview with Superintendent
Interview with PREA Coordinator
Interview with random staff

Summary Determination;

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 Corrections'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 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 of 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 sexual harassment allegations the parties will be separated during the investigation. The HCCAP has not had to place an employee on administrative leave during an investigation. The Superintendent confirmed his capacity to remove staff, contractors, or volunteers during an investigation of misconduct.

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

Compliance Determination:

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, the DOC policy supporting separation of victims from alleged staff, and interviews with facility and agency leadership. The facility Superintendent also confirmed that he can remove all individual access to the facility with cause.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

- 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 ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.
Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire
Policy – 038.3 Prison Rape Elimination Act
Policy – 075.7 Critical Incident Peer Support Team
Policy – 135.2 Rules Governing Employee Relationships with Offenders
Retaliation Monitoring forms for staff and Probationers
Memo confirming no instances of monitoring.

Individuals interviewed/ observations.
Interview with PREA Compliance Manager
Interview with Superintendent

Summary determination.
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.

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." An interview with agency and facility leadership confirms the agency's commitment to ensuring the safety of clients 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 not able to review any monitoring as there have been no incidents.

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 the requirements of this indicator with facility leadership. The supporting documentation in the retaliation monitoring forms shows that the monitoring should continue for periods of at least 90 days unless the Probationer has left the facility.

Indicator d). As noted in indicator c), the monitoring will include periodic status checks. Interviews with the facility's PREA Compliance Manager and the Superintendent confirmed they would meet individuals regularly and offer to arrange mental health services even if the victim initially refused such support. The Major described 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 would be regularly viewing the performance and interactions of a staff who cooperated in an investigation to ensure there was no retaliation. He was able to describe things he would be looking for as potential retaliation symptoms. The Major's office is the housing unit building, which allows for direct supervision of staff and the ability to hear conflicts. His office also allows him to see probationers transitioning in the program, and he has 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, Superintendent

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 Probationers. The culmination of these factors supports compliance with the standard's expectations.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.271 (b)

- 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 ☐ No

115.271 (c)

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

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

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

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy OP 038.3 Prison Rape Elimination Act

Policy OP 030.4 Special Investigations Unit

Sexual Assault Response Plan

Investigative matrix

SIU and facility Investigator Training

Superintendent Memo – no allegations

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Regional PREA Analyst

Interview with PREA Compliance Manager

Interview with Warden

Interview with an Investigative Staff

Summary Determination

Indicator (a) The Virginia Department of Corrections has trained law enforcement staff, and as such, the agency is responsible for both criminal and administrative investigations. In policies OP 038.3 and 030.4, the agency set forth the responsibilities of the investigative team, including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken, as well as the reasoning behind the findings. The policy states, "All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The facility investigator will make an initial assessment of the situation. "Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit, which has the legal authority to conduct criminal investigations." Random staff interviewed supported the idea that they must report all claims, no matter the source or if they believe the incident to have occurred. Interviews with the facility investigator and a special investigative unit (SIU) staff confirmed that all allegations had been reviewed. The facility Investigator reports there have been no allegations of sexual abuse at HCCAP in the past three years.

Indicator (b) The Virginia DOC reports they employ 19 approved criminal investigators. Harrisonburg Community Corrections Alternative Program has a staff-trained member who would be required to respond to sexual assault complaints to protect and collect evidence. The sergeant is trained to complete administrative investigations. The Facility Investigators and the SIU representative spoken with earlier this year confirmed that they respond immediately to allegations of sexual misconduct. The Auditor could not review files with the facility Investigator since no cases existed. He was able to describe how he is noticed by the facility when an allegation occurs and the steps that are to be taken. The facility investigator supports the process as objective and does not enter with any preconceived notion based on an individual's position as a staff member or inmate in determining the outcome. He reports that he bases his findings on factual information and the statements of individuals involved and witnesses. The auditor was able to go through situational questions to get an understanding of the process that was consistent with the agency policy expectations. The interview with a representative SIU investigator provided further consistency with the department's expected investigative process.

Indicator (c) The facility Investigator has been trained on protecting and collecting evidence from a crime scene to ensure the preservation of evidence, including DNA. They will work with the assigned Special Investigators Unit staff in criminal cases. The Virginia DOC trains all line staff to preserve evidence, including locking of potential crime scenes and encouraging the victim to not 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 Investigator spoken with confirmed they will interview the victim, alleged perpetrator, and witness routinely as part of the investigation. The investigation policy (030.4 page 11) states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." Investigators spoke with support they review videos and will look at past behaviors/allegations as part of the review.

Indicator (d) The SIU investigator supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 030.4 describes the expected interactions with the prosecutorial authorities (page 11). "When the quality of evidence appears to support a criminal prosecution, the agency will conduct compelled interviews only after consulting with Commonwealth's Attorneys as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.."The SIU investigator spoke with confirmed that they will have regular contact with the local prosecutor before having a compelled interview.

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

Indicator (f) All criminal investigations potentially can include a referral for an administrative review if the evidence supports that a staff person's actions or inactions led to an inmate-on-inmate sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All completed administrative investigations must have a related investigation file, which includes written or oral statements, video or other physical

evidence, and the reasoning behind the conclusions reached. As the facility's investigator completes an initial assessment to determine if there were potential criminal acts they to can identify administrative concerns that would warrant further investigation. The investigator would review the staff's actions or inaction that lead to the reported abuse. Policy 030.4 sets forth the requirement of administrative investigation to assess staff actions. "Must include an effort to determine whether staff actions or failures to act contributed to the abuse."

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

"K. Administrative investigations (§115.71[f], §115.271[f])

1. Must include an effort to determine whether staff actions or failures to act contributed to the abuse.
2. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

As noted, there have been no allegations of sexual abuse that required either a criminal or administrative investigation. One investigation of consensual contact was investigated and resulted in a discipline referral.

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

Indicator (i) The Virginia Department of Corrections'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." The HCCAP Superintendent or Major would keep all investigative files in the Department's restrictive access electronic system and other supportive documents in their secured offices

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

Indicator (k) 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 Men's Community Correctional Alternative Program and the VA DOC have sufficient and appropriately trained individuals who can complete sexual assault investigations. Virginia DOC investigates all potential sexual-related incidents as possible PREA events, even if the inmates report the actions were consensual. Investigative files reviewed include cases initiated through staff reports, inmate reports, and third-party reports of potential sexual misconduct. In doing so they ensure all incidents are investigated and evidence collected, which provides an opportunity for a reluctant victim to come forward later.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative reports would be completed on all administrative and criminal investigations. Compliance absent an actual investigation at HCCAP was based on policy and interviews.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders

Policy OP 940.4 Community Corrections Alternative Programs

Memo confirming preponderance of the evidence as deciding factor

Individuals interviewed/ observations made.
Interview with Investigator

Summary determination.

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.

Compliance Determination

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 facility and state Investigative staff interview.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into an 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into an resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.273 (c)

- Following an 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 ☐ No
- Following an 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 ☐ No

- Following an 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 ☐ No
- Following an 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 ☐ No

115.273 (d)

- Following an 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 ☐ No
- Following an 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 ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Pre-Audit Questionnaire
OP 030.4 Special Investigations Unit
OP 038.3 Prison Rape Elimination Act
Memo on no allegation

Individuals interviewed/ observations.
Interview with the Facility Investigator
Interview with the PREA Compliance Manager

Summary determination.

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.

Indicator (b) This indicator does not apply as Virginia DOC completes criminal and administrative investigations at all DOC facilities.

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:

- i. The allegation has been determined to be unfounded
- ii. The allegation has been determined to be unsubstantiated
- iii. The staff member is no longer posted within the offender's unit
- iv. The staff member is no longer employed at the facility
- v. The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility
- vi. The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

The Auditor confirmed there were no required notifications made to Probationers at Harrisonburg Community Corrections Alternative from incidents of sexual misconduct.

Indicator (d) The policy language in OP 038.3 covers the required notification for a probationer-on-probationer sexual abuse case. "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 will notify probationers in writing on the outcome of both sexual abuse cases and sexual harassment cases. The Virginia Department of Corrections has form letters for each outcome. The Facility PREA compliance Manager was aware of the need to ensure notifications on any indictment or conviction.

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

Compliance Determination:

The Virginia Department of Corrections has implemented policies and practices 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.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☐ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☐ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☐ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☐ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☐ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☐ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☐ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Type text here...

Standard 115.278: Disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that an 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 ☐ No

115.278 (b)

- 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 ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an resident's mental disabilities or mental illness contributed to his or her behavior? ☐ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☐ No

115.278 (e)

- Does the agency discipline an resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☐ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☐ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- 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 ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☐ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☐ Yes ☐ No

115.282 (c)

- 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 ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.283 (a)

- 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 ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☐ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☐ Yes ☐ No

115.283 (d)

- 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.*) ☐ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be 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.*) ☐ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☐ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☐ Yes ☐ No

115.283 (h)

- If the facility is a prison, does it 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? (NA if the facility is a jail.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☐ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☐ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☐ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☐ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☐ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☐ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☐ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☐ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☐ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☐ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☐ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☐ Yes ☐ No

115.287 (e)

- 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 ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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Standard 115.288: Data review for corrective action

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

115.288 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☐ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☐ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☐ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☐ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☐ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

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AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☐ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☐ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☐ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

[Click here to enter text.](#)

[Click here to enter text.](#)

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.