



# Virginia Department of Corrections

## Authority, Inspection and Auditing

### Operating Procedure 030.3

### *Monitoring and Assessment of DOC Performance and Progress*

#### Authority:

Directive 030, Audits and Investigations

**Effective Date:** March 1, 2019

#### Amended:

#### Supersedes:

Operating Procedure 030.1 (1/1/16)

**Access:**  Public  Restricted

Incarcerated Offender

#### ACA/PREA Standards:

5-1A-4017, 5-1A-4018, 5-1A-4018-1;  
4-4017, 4-4018; 4-APPFS-3D-08, 4-APPFS-3D-09

<b>Content Owner:</b>	Jim Bruce Manager, Policy Initiatives Unit	<i>Documentation on File</i>	2/1/19
		Signature	Date
<b>Reviewer:</b>	Joseph W. Walters Deputy Director for Administration	<i>Documentation on File</i>	2/4/19
		Signature	Date
<b>Signatory:</b>	Harold W. Clarke Director, Department of Corrections	<i>Signature Copy on File</i>	2/4/19
		Signature	Date

### REVIEW

The Content Owner shall review this operating procedure annually and re-write it no later than three years after the effective date.

### COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## Table of Contents

PURPOSE ..... 3

PROCEDURE ..... 3

I. External Assessments and Accreditations..... 3

II. Facility Assessments ..... 4

III. Probation and Parole Assessments..... 5

IV. Other Assessments ..... 6

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE..... 7

REFERENCES..... 7

ATTACHMENTS ..... 8

FORM CITATIONS ..... 8



## PURPOSE

This operating procedure provides for the monitoring and assessment of all areas of operations to ensure that the Strategic Plan is being accomplished in accordance with the Department of Corrections Mission, Vision, goals, and objectives.

## PROCEDURE

### I. External Assessments and Accreditations

#### A. American Correctional Association

1. The Virginia Department of Corrections operates in accordance with standards published by the American Correctional Association (ACA) Commission on Accreditation for Corrections.
2. ACA accreditation is awarded for three year periods based on audits performed by a visiting committee appointed by the ACA. (5-1A-4017; 4-4017)
3. The DOC Headquarters operates by and is audited under the *Standards for Administration of Correctional Agencies*.
4. DOC institutions
5. Major institutions operate by and are audited under the *Standards for Adult Correctional Institutions*. (5-1A-4017; 4-4017)
6. Field Units operate by and are audited under *Performance-Based Standards for Adult Community Residential Services*.
7. Work Centers operate by and are audited under the same standards as the host institution.
8. An Annual Report shall be submitted to the Performance Based Standards & Expected Practices Accreditation Department. (5-1A-4018-1)
  - a. This report is due on the anniversary of the accreditation date.
  - b. Where applicable, the agency must submit a completed Significant Incident Summary and Outcome Measures Worksheet with the required Annual Report.
9. Community Corrections Facilities operate by and are audited under Performance-Based Standards for Adult Community Residential Services.
10. The Probation and Parole system operates by and is audited under Performance-Based Standards for Adult Probation and Parole Field Services.
11. The Academy for Staff Development and the DOC training program operate by and are audited under the *Standards for Correctional Training Academies*.

#### B. Prison Rape Elimination Act (PREA)

1. Certified auditors perform an audit of the facility's performance under the applicable PREA standards.
2. DOC institutions operate by and are audited under the *Prison Rape Elimination Act National Standards Subpart A - Standards for Adult Prisons and Jails*.
3. Community Corrections Facilities operate by and are audited under *Prison Rape Elimination Act National Standards Subpart C - Standards for Community Confinement Facilities*.

#### C. Mental Health Facilities

1. All DOC acute mental health care, residential mental health care, and the Sex Offender Residential Treatment Program are licensed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).
2. Marion Correctional Treatment Center is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) as a Behavioral Health Care facility, and licensed for Acute Care,



Outpatient, and Residential Unit mental health services by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

D. Other Certifications and Audits

1. The Virginia Department of Criminal Justice Services certifies the Academy for Staff Development and Corrections Officer training programs.
2. The Auditor of Public Accounts (APA) conducts an annual independent financial audit of the Department of Corrections including all facilities and operating units.

II. Facility Assessments

A. Security Readiness Assessment

1. *Security Readiness Assessment* documentation
  - a. The *Security Readiness Assessment* (Attachment 1) will be utilized to assist in evaluating the effectiveness of each institution’s security systems. (5-1A-4017; 4-4017)
  - b. The *Community Corrections Facilities Security Readiness Assessment* (Attachment 2) will be utilized to assist in evaluating the effectiveness of each Community Corrections Facility.
  - c. The *Security Readiness Assessment* documents are excluded from public disclosure under the Virginia Freedom of Information Act in accordance with COV §2.2-3705.2(6). Unauthorized dissemination, printing, or copying of any part of the document is prohibited.
2. Each Institution must complete a self *Security Readiness Assessment* each year in accordance with the following schedule:

<u>Sections</u>	<u>Assessment Period</u>	<u>Report Due to Regional Administrator</u>
I – V	June 1 thru July 31	August 15
VI	August 1 thru September 30	October 15
VII – XII	October 1 thru December 31	January 15

- a. The report to the Regional Administrator must include:
  - i. A completed [Report of Self Security Readiness Assessment](#) 030\_F15
  - ii. A completed *Results Sheet* showing the results for each section completed
  - iii. A completed *Non-Compliance Report* addressing non-compliance items, if needed
  - iv. Completed *Audit Action Plan(s)* or variance/waiver request(s), if needed
- b. The original *Security Readiness Assessment* documents should be retained on file at the facility.
3. Each year during February and March, a regional team will conduct a *Security Readiness Assessment* at each facility using the same version of the *Security Readiness Assessment* as used for the preceding round of self-assessments.
  - a. The *Security Readiness Assessment* team will be drawn from a pool of pre-selected, qualified Department of Corrections employees from different regions than that of the facility undergoing the assessment.
  - b. Reasonable efforts will be taken to ensure that the composition of the assessment team reflects a diverse assortment of institutional disciplines.
    - i. For institutions, the composition of assessment teams is subject to the approval of the Regional Administrator - Institutions of the region supplying the assessors.
    - ii. For Community Corrections Alternative Programs, the composition of assessment teams is subject to the approval of the Regional Administrator - Community of the region supplying the assessors.
  - c. A Facility Unit Head, Assistant Facility Unit Head, or higher authority, will lead the team.



- d. The team will be composed of between five and nine members incumbent on the facility being assessed. The maximum number may be exceeded with the authorization of the sending Regional Administrator.
  - e. The composition of the assessment team will not be heavily weighted with staff from one specific facility.
  - f. The assessment team members should be from facilities of similar security levels as the facility being assessed.
  - g. The Assessment Team Leader will be responsible for ensuring that local lodging information is provided to the Assessment Team.
  - h. Detailed information and procedures for travel and reimbursable expenses are in Operating Procedure 240.1, *Travel*.
4. Within 15 days of completion of the regional *Security Readiness Assessment*, the Facility Unit Head must submit an [Audit Action Plan](#) 030\_F16 or [Procedure Variance Request](#) 001\_F4 to the Regional Administrator for each item found not in compliance.
  5. By June 1 of each year, Regional Administrators must submit to the Chief of Corrections Operations a letter outlining the approved *Audit Action Plan* for each item found not in compliance in the regional *Security Readiness Assessments*.

B. Operations Efficiency Measures (5-1A-4018; 4-4018)

Operations efficiency measures include key indicators to the safe and effective operations of the agency. These measures are collected, developed, and reported at least biannually by the Research Unit. Operational Unit Heads are required to submit measurements that are not available in agency databases quarterly to the Research Unit for compilation in the report.

III. Probation and Parole Assessments

A. Safety and Security Assessments

1. The Chief P&P Officer or designee shall conduct and document a [Staff Safety and Security Assessment](#) 030\_F17 of the P&P Office annually. (4-APPFS-3D-09)
2. The *Staff Safety and Security Assessment* should be completed in February or March of each year
3. Staff assigned by the Director of Security and Correctional Enforcement may perform a *Staff Safety and Security Assessment* of any P&P Office at any time.
4. Within 15 days of completion, the Chief P&P Officer must submit the [Staff Safety and Security Assessment](#) 030\_F17 and an [Audit Action Plan](#) 030\_F16 for each item found not in compliance to the Regional Administrator - Community.

B. Community Operational Assessment

1. Community Operational Assessments - Assessments results will be used to enable staff and assessment teams to identify successful practices in case supervision that support DOC operating procedures, regulations, expected practices, and compliance with individual case plans.
  - a. The quality of case reviews and supervision will be assessed annually using [Community Operational Assessment Checklist](#) 030\_F18.
  - b. Teams developed and lead by Chief P&P Officers as designated by the Regional Administrator will conduct assessments. The number of assessment team members will be decided by the team leader depending on the size of the P&P District caseload.
  - c. Assessment Teams will include at least one member from each:
    - i. Regional Manager
    - ii. Re-entry and Programs Unit
    - iii. Deputy Chief P&P Officer



iv. Senior P&P Officer

v. P&P Officer

- d. Assessments results will be reported to the Chief P&P Officer using [Community Operation Assessment Summary](#) 030\_F19.
2. Assessment Teams will review 5% of the active cases randomly selected from supervision levels medium, elevated, and high.
- a. Do not include absconders or cases on supervision in other states.
- b. At least 40 cases will be reviewed from a P&P District caseload.
3. The Assessment Team leader may request additional files for review if the team needs additional information to complete a thorough assessment.
4. The [Community Operational Assessment Tally Sheet](#) 030\_F26 may be used to compile information from Community Operational Assessment Checklists for entry on the [Community Operation Assessment Summary](#) 030\_F19.
5. Regional Managers will complete the [Community Operational Assessment Regional Overview](#) 030\_F22 by October 1st and forward it to the Regional Administrator for review and final approval annually. The Community Assessment Regional Overview will be submitted to the Chief of Corrections Operations by November 1, annually.
- C. Operations Efficiency Measures are collected, developed, and reported at least biannually by the Research Unit. Operational Unit Heads are required to submit measurements that are not available in agency databases quarterly to the Research Unit for compilation in the report. (5-1A-4018; 4-4018)

#### IV. Other Assessments

##### A. Annual Program Evaluations

1. Each program offered in a facility will be based on a need identified in the offender population and evaluated annually to determine if that need is met. (See Operating Procedure 841.1, *Offender Programs and Services*.)
2. Programs will be evaluated using evidence based practices as applicable to determine:
  - a. Was the need met?
  - b. Does the need still exist?
  - c. Can the program be improved?
  - d. Did the program meet the success criteria listed in the Initial Program Description (IPD)?
  - e. Did the evaluation match the approved IPD's evaluation plan?

B. Program Fidelity Assessments are conducted as needed by the Fidelity and Program Quality Assurance Unit and the Re-entry and Programs Unit.

##### C. Case Reviews

1. Institutional Program Managers have responsibility to review the offender case work performed by institutional counselors. (See Operating Procedure 830.1, *Facility Classification Management*.)
2. Probation and Parole Supervisors have responsibility to review the offender case work performed by P&P Officers. (See Operating Procedure 920.1, *Community Case Opening, Supervision and Transfer*.)

D. Health Care Reviews and Quality Assurance (See Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*.)

1. Each facility will establish an internal review and quality assurance program as an internal system for assessing the achievement of health care goals and objectives and that documents findings.
2. Program changes are implemented, as necessary, in response to findings.



3. The Chief Physician and the Chief Dentist will manage a peer review program for physicians and dentists.
- E. Internal Audit - The Internal Audit Unit conducts the following types of audits: (See Operating Procedure 030.2, *Internal Audit*.)
1. Financial audits are reviews of the accounting and reporting of financial transactions to verify that there are sufficient controls over financial management and use of resources.
  2. Compliance audits assess the degree of a unit's adherence to laws, regulations, policies, and procedures.
  3. Operational audits examine the use of unit resources to evaluate whether those resources are being used in the most efficient and effective ways to fulfill the unit's mission and objectives.
  4. Special projects are those assignments conducted to meet a specific purpose or identified need.
  5. Information Technology audits assess the controls related to information systems and the use of those systems.
  6. State Fraud, Waste, and Abuse Hotline audits and investigations are referred to DOC from the Office of State Inspector General who manages the program.
- F. DOC Strategic Plan - The Research Unit will collect, analyze, and annually report updates to the performance measurements that are provided in the Department's strategic plan.

## **DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE**

**Community Corrections Facility** - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs

**Facility** - Any Community Corrections facility or institution

**Host Institution** - The supervising facility to which a specific Work Center is operationally attached

**Institution** - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers.

**Prison Rape Elimination Act (PREA)** - Federal law (*Prison Rape Elimination Act of 2003, 42 U.S.C. §15609*) and regulatory standards proscribing background checks, training, reporting, and response requirements designed to eliminate sexual abuse and sexual harassment of incarcerated offenders.

## **REFERENCES**

Operating Procedure 030.2, *Internal Audit*

Operating Procedure 240.1, *Travel*

Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*

Operating Procedure 830.1, *Facility Classification Management*

Operating Procedure 841.1, *Offender Programs and Services*

Operating Procedure 920.1, *Community Case Opening, Supervision and Transfer*

*Performance-Based Standards for Adult Community Residential Services*

*Performance-Based Standards for Adult Probation and Parole Field Services*

*Standards for Administration of Correctional Agencies*

*Standards for Adult Correctional Institutions*

*Standards for Correctional Training Academies*



## **ATTACHMENTS**

Attachment 1, *Security Readiness Assessment*

Attachment 2, *Security Readiness Assessment - Community Corrections Facilities*

## **FORM CITATIONS**

[Procedure Variance Request](#) 001\_F4

[Report of Self-Security Readiness Assessment](#) 030\_F15

[Audit Action Plan](#) 030\_F16

[Staff Safety and Security Assessment](#) 030\_F17

[Community Operational Assessment Checklist](#) 030\_F18

[Community Operational Assessment Summary](#) 030\_F19

[Community Operational Assessment Regional Overview](#) 030\_F22

[Community Operational Assessment Tally Sheet](#) 030\_F26

