

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

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: November 2, 2020

Auditor Information

Name: Darlene M. Baugh	Email: piltsbaugh@gmail.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: October 26 – 27, 2020

Agency Information

Name of Agency: Virginia Department of Corrections			
Governing Authority or Parent Agency <small>(If Applicable):</small> <small>Click or tap here to enter text.</small>			
Physical Address: 6900 Atmore Drive		City, State, Zip: Richmond, VA 23225	
Mailing Address: P.O. 26963		City, State, Zip: Richmond, VA 23261-6369	
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: www.vadoc.virginia.gov (search PREA)			

Agency Chief Executive Officer

Name: Harold Clarke, Director	
Email: Harold.clarke@vadoc.virginia.gov	Telephone: 804-887-8081

Agency-Wide PREA Coordinator

Name: Rose Durbin, PREA/ADA Supervisor	
Email: rose.durbin@vadoc.virginia.gov	Telephone: 804-887-7921
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:

Jermiah Fitz, Corrections Operations Administrator	3 Regional PREA/ADA Analysts, 40 PREA Compliance Managers who report to Analyst
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Facility Information

Name of Facility: Appalachian Community Corrections Alternative Program

Physical Address: 924 Clifton Farm Road **City, State, Zip:** Honaker, VA 24260

Mailing Address (if different from above):
P.O. Box 2110 **City, State, Zip:** Honaker, VA 24260

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 Website with PREA Information: www.vadoc.virginia.gov (Search PREA)

Has the facility been accredited within the past 3 years? Yes 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):

ACA
 NCCHC
 CALEA
 Other (please name or describe: [Click or tap here to enter text.](#))
 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.](#)

Facility Director

Name: Berk Artrip, Superintendent

Email: Berk.Artrip@vadoc.virginia.gov **Telephone:** 276-415-3150

Facility PREA Compliance Manager

Name: Debra Arwood

Email: Debra.Arwood@vadoc.virginia.gov **Telephone:** 276-415-3134

Facility Health Service Administrator N/A

Name: Rebel Deel, RN

Email: Rebel.Deel@vadoc.virginia.gov **Telephone:** 276-415-3141

Facility Characteristics

Designated Facility Capacity: 106

Current Population of Facility:	103	
Average daily population for the past 12 months:	103	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input 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:	21-60	
Average length of stay or time under supervision	30 36 weeks	
Facility security levels/resident custody levels	Community Corrections Alternative Program	
Number of residents admitted to facility during the past 12 months	207	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	207	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	300	
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 checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	55	
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:	5	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	16	

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>	10
<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>	0
<p>Number of single resident cells, rooms, or other enclosures:</p>	3 Holding Cells
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	4
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<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 checked="" type="checkbox"/> On-site <input 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.)
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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:	19
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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
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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
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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?	2
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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
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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
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Audit Findings

Audit Narrative (including Audit Methodology)

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

Facility Mission Statement:

**“One Team – One Mission”
Modeling the Way Through the Power of Oneness**

Audit Narrative

Auditor: Darlene Baugh
Facility Population: 62
Cameras: 17
Employees: 46
Contract Staff: 5

The auditor arrived at the Appalachian Community Corrections Program in Honaker, Virginia at 9:00 am on Monday, October 26, 2020. An entrance meeting was held shortly thereafter with the following present: Superintendent Berk Artrip, PREA Compliance Manager/Investigator Lt. Debbie Arwood, Major Tracy Davidson, Sergeant Dennis Trent, Probation Supervisor Linda Belcher, Western Region PREA/ADA Analyst Tammy Barbetto and PREA Auditor Darlene Baugh. The auditor shared her usual format for the Audit process also adding that she will adjust to work within the operational needs of the facility.

A walk through of the facility followed. Those present were those listed above with the exception of Probation Supervisor Linda Belcher and Sergeant Dennis Trent.

The daily activities included:

October 26, 2020

Entrance meeting

Facility Walk Through (Administration, Master Control, Three (3) Housing Units, Dining Room, Restricted Housing, Kitchen, 'Dish Pit', Kitchen Tool Room, Boiler Room, Shower Area, Medical, Probation Offices, Classrooms, Visitation, Laundry, Gymnasium, Library, Property Room, Welding & Classroom, Masonry & Classroom and Spectrum Building)

Probationer Interviews

Staff Interviews

October 27, 2020

Contract Staff Interviews
Staff Interviews
All File Reviews
Exit meeting

Note: Of the four (4) housing units only three (3) were visited. This area holds those new intakes who had not yet stayed quarantined for fourteen (14) days. Although, the auditor did not walk into the unit, she was able to view the area from the officer's desk, along with a camera review. Each of the housing areas were mirror images.

Exit Meeting

An exit meeting was held on Tuesday, October 27, 2020. Those in attendance were Superintendent Berk Artrip, Major Tracy Davidson, PREA/ADA Analyst Tammy Barbetto, PREA Compliance Manager/Investigator Lt. Debra Arwood, Senior Probation Officer Linda Belcher and Auditor Darlene Baugh. During this meeting, the following items were discussed:

Cameras:

- Each housing area has one camera at the far end of the room.
 - Recommendation: Add a camera nearest the officer station, leveling it to ensure privacy while changing clothes.
- The dining room has one camera.
 - Recommendation: Add a camera to ensure complete coverage.
- There was no coverage into the kitchen tool room.
 - Note: A mirror was placed while the auditor was on site.
- Visitation has no camera.
 - Recommendation: Cameras be added to the area.
- The laundry had no cameras or mirrors. There were blind spots behind the machines.
 - Note: Two (2) mirrors were added to the area before the end of the first day of the audit.
- The gymnasium has no cameras or mirrors.
 - Recommendation: Add cameras to the area.
- Property Room has no cameras.
 - Recommendation: Add a camera to the exterior of a nearby building to enhance visibility between the buildings.
- Welding and Classroom has no cameras.
 - Recommendation: Add cameras to the area.
- Masonry and Classroom has no cameras.
 - Recommendation: Add cameras to area.

Staff Training:

- The auditor found that staff were consistent in their responses to the auditor's interview questions. It was noticeable that all were aware of policies and requirements associated to PREA staff action.

Probationers Training:

- As with staff, probationers were consistent in how they received their PREA information, distribution of material, viewing the video, orientation and that they received their information upon their arrival and the next day.
- Probationers knew several methods of reporting sexual abuse, sexual harassment, and retaliation.

Comments: The auditor shared that it was a pleasure to work with staff and probationers at this facility. Materials were gathered almost before the auditor made a request. Everyone was cordial and helpful.

Pre-Audit Activities

Notice of PREA Audit:

The notice of the upcoming PREA audit was forwarded to the facility on February 25, 2020 to be posted at least six weeks prior to the on-site audit. The Auditor requested that the facility post the notices in areas where it would be visible to staff, inmates, contractors, volunteers, and visitors. At that time, the audit was scheduled for June 11 – 12, 2020. However, due to Covid-19, the audit was eventually rescheduled to October 26 - 27, 2020. The auditor requested that the facility repost the notices with the appropriate dates, which was completed.

The purpose of the Notice is to allow any individual, including a third party, with a PREA concern or issue, to include an allegation of sexual abuse or sexual harassment, to correspond confidentially with the PREA Auditor.

These posters were additionally viewed by the auditor on site.

Pre-Audit Discussion:

One (1) conversation was held with facility staff prior to the on-site visit. Discussion covered the format for the on-site visit and materials that will be reviewed.

Outreach to Outside Advocates:

On Friday, September 11, 2020, the auditor spoke with Reed Bohn at Action Alliance. This alliance group is part of a state coalition. As noted in this report, the Department of Corrections hold a Memorandum with this Advocacy Group to provide a telephone service for inmates to either report or hold support conversations with a counselor. As tested by the auditor, inmates can dial #55, option 1 to make a report or option 2 to speak with a 'live person'. Reports are forwarded to the facility. To ensure a confidential service, inmates can write to a P.O. Box. Option 2 can be utilized by inmates as often as they wish.

Mr. Bohn shared that if they get a call that is not PREA related, their staff provides contact information to inmates. He provided that the flow of information and advocacy works well.

Note: The auditor utilized the phone within two (2) of the units, calling #55 leaving a phone message and also speaking with an 'emotional support' counselor. Action Alliance provided documentation that they received the auditors' message.

On Thursday, October 22, 2020, the auditor spoke with Greta Morrison, Ballard Health – Russell County Hospital. Ms. Morrison is under contract with the VA Department of Corrections to provide on-site forensic examinations to this facility (includes a total of six facilities). Referrals from the facility are

made via her cell phone, in which she then has four (4) hours to arrive at the facility. She will bring with her a nurse manager who completes the subjects (alleged perpetrator) exam while Ms. Robinson completes the victims PERK test. All necessary equipment is brought with her to the site. When the exam is completed, she will turn the items (chain of custody) to the investigator. At that point, she is no longer involved.

Ms. Morrison stated that since the onset of her contract, she has not had a request for a forensic exam at this facility.

On-Site Audit Activities

Site Review:

As previously stated, the auditor conducted a site review of the entire facility. Information regarding that review is listed above.

Selection of Staff and Residents for interviews:

Upon arrival at ACCAP a list of staff, by shift, and of the inmates were provided to the auditor. The auditor randomly selected from both lists.

Inmate Interviews: (16)

Caucasian: 11

African American: 4

Caucasian/Gay: 1

Note: Due to the nature of the facility population (probation violators), there were no other special populations available.

Staff and Volunteer Interviews: (19)

Superintendent / Review Team Member

PREA Compliance Manager / Investigator / Review Team Member

Human Resources

Major/Review Team Member

Agency PREA Coordinator

PREA/ADA Analyst

Special Investigations Unit Investigator

District Mental Health Clinician

Contract Staff (Substance Abuse Treatment) - 2

Correctional Officer – 4

Correctional Officer/Intake – 1

Nurse/Intake – 1

Senior Probation Officer / Volunteer Coordinator / Intake – 1

Corporal – 1

Sergeant - 1

Documents and Files Reviewed:

Probationer Files:

With the assistance of the PREA Analyst and Facility Compliance Manager, the auditor reviewed both electronic records (CORIS) and hardcopies of the probationers that were interviewed. Checks were made of facility arrival date, Intake Assessment (PREA) and the Reassessment. All were completed timely. None were identified as potential victims or potential predators.

Staff Files:

Training files were reviewed for those staff who were interviewed, including contract staff. All completed PREA training in 2019. Only one (1) staff member had not yet completed 2020 training.

Note: Due to COVID-19, In-Service training was halted on March 23, 2020.
Personnel, Application, VCIN, Promotion, Training

Training Memorandum dated August 27, 2020 from the Chief of Correctional Operations and Deputy Director for Administration; Subject: Resumption of Training to Meet Compliance Requirements.

This Memorandum address' ensuring that staff maintain compliance with law and governing standards. The directives that address PREA states:

- In-Service
 - Employees who have not yet completed in-service for CY2020 will have until the end of CY21 to complete in-service requirements.
- PREA (on-line)
 - All employees are required to complete the PREA training in 2020. Employees who have not already completed in-service in 2020 may take the DOC-PREA Fraternization - 2020 online course in the Virginia Learning Center. This course must be completed no later than December 31, 2020.

Personnel Files were reviewed for the staff that were interviewed including contract staff. Several of the individuals transferred to this facility from other locations (one (1) was a recent hire). Items reviewed were applications, background check release forms and criminal history checks (VCIN). All were timely.

Facility Staff Plan Annual Review:

The review is addressed further in this report.

Documenting Unannounced PREA Rounds:

Each area within the facility has a logbook that is utilized by supervisors to document their unannounced rounds. The Superintendent and the Major utilized blue and green ink to document their rounds.

MOU with Contract Forensic Examination Provider:

Further within this report is a full description on the contractual agreement with Ballard Health – Russell County Hospital.

Incident Reports/Investigations / Notifications to Inmates:

ACCAP has not had a sexual abuse/sexual harassment allegation in years. (Confirmed with Investigator, SIU Investigator and SANE staff.) Therefore, no reports, investigations or notifications were reviewed.

Coordinated Response Plan:

The review is addressed further in this report.

Facility Characteristics

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

Virginia's Department of Corrections Website describes itself as The Virginia Department of Corrections (VADOC) is the largest state agency with more than 12,000 employees across the Commonwealth. We operate secure facilities and probation and parole offices to provide care and supervision for offenders under state custody.

Mission

We are in the business of helping people to be better by safely providing effective incarceration, supervision, and evidence-based re-entry services to returning citizens, parolees, and probationers.

Vision

To improve long-term public safety by successfully reintegrating productive citizens to our communities and effectively supervising parolees and probationers through a culture of respect, accountability, and ethical behavior.

Values

Safety. Ethics. Learning. Commitment. Support. Respect. Honesty.

The inmates housed at VA DOC - Appalachian CCAP located at 924 Clifton Farm Rd PO Box 2110 in Honaker, VA are placed according to their custody level (determined by a number of factors including the past criminal history and the length of their sentence). There are ample educational and vocational training programs for all inmates, especially ones that show a willingness to learn new things that will prepare them for a better life when they are released. The mission is to promote and prepare the offender to leave in better shape than when they arrived, giving them the best chance to never come back and thus lower the state's recidivism rate.

ACCAP History / Excerpted from Written Documentation

Prior to 1951 Sergeant Orr brought a Road Camp Prisoner Work Crew from the camp that built the road (Rt. 80) going through Big-A Mountain to this location to construct the now existing security building. They constructed a wooden sleeping quarters building for the convicts to sleep in and a kitchen to cook in. Then construction of the masonry structure began and was completed in 1951. This also included a hog slaughtering operation in the now Library/Computer Skills Building. The Virginia Department of Transportation had also constructed a Residence Shop Headquarters on the same land. There are two dynamite Storage Buildings along the back of the security perimeter. The facility was named the Appalachian Convict Work Camp and the offenders worked on Virginia Department of Transportation road construction in Russell County.

In 1971 there was a large increase in juvenile crime and additional facilities to house them were needed. The road construction work in Russell County was drawing near completion and therefore the

decision was made to change the mission of Appalachian Convict Work Camp to Appalachian Learning Center. This facility was to house the most difficult juveniles because of the security of the building structure. While the learning center vocational shops were built which is the now existing vocational building. It housed the Auto Mechanics Shop, The Welding Shop, and The Electrical Wiring Shop. There was a Masonry Shop in the downstairs Maintenance Shop of the Administration Building, also there was a Literacy Classroom in what is now the Conference Room of the Administration Building. In 1979 construction began on the Gym and classrooms. There was quite a bit of excavation work that had to be done as limestone prevailed all around the facility. The Gym and Classrooms were completed and dedicated in 1980 and the Literacy Classroom was then moved from the administration building into two classrooms in the gym. A GED Program Class was added in the third classroom of the gym building.

In 1985 the Juveniles at the Learning Center got into several cases of Aerosol Lysol Spray and brought them back into then dormitories. They sprayed the Lysol over cups of ice which brought out the alcohol of the product. The offenders got very drunk and became violent. A full out riot started with several staff severally injured. By the end of the day, the juveniles had taken full control of the facility. The front gate maintained a secure post and was the command post of the incident. The Superintendent Preston Buchanan decided to call in the state police for assistance. The state police arrived and by the end of the day the facility was again secure. The juveniles had set fire to all the furniture in the facility and left the dormitories inhabitable for the offenders. They were all transferred out to other juvenile facilities and Jails. Appalachian Learning was left with no offender population. The decision in Richmond was made to close the facility and put the property up for sale. The staff at the facility called all the local politicians and federal Congressmen and Senators. These individuals took up the cause to campaign to keep the facility open. For the next six months a skeleton crew stayed at the facility 24 hours a day.

In 1986 the Virginia Department of Corrections again took over the facility. The facility was renamed Appalachian Correctional Unit #29, which took the place of the old "stick camp" which previously was closed in Vansant Virginia in 1970. Reconstruction began of the security building and a perimeter fence with razor wire was added, all staff were sent to the academy in Waynesboro, Virginia to complete Basic Skills for Correctional Officers. Appalachian Correctional Center Unit 29 was dedicated as a LIP (literacy incentive program) facility. Offenders who deemed as illiterate were sent to the facility to complete an eighth-grade equivalent reading level, which in turn would allow them to take time off their sentence. ACC also had one road gang sent out Monday through Friday. Many of the staff left over from Appalachian Learning Center retired shortly after it became a correctional facility.

In 1998 the Superintendent received a phone call from the Deputy Director of Community Corrections who asked if ACC would be interested in becoming a Detention Center. In August 1998 Appalachian Detention Center received its first Intake Platoon 02/1998.

In 2014 a meeting was held at the central regional office in Richmond Va. Attending were all the Program Superintendents and Statewide Program Managers. They were read as to the statistics of what the graduates of our programs had done after leaving for the past four years. The numbers were staggering and detrimental to the programs. All the latest evidence of programming success was looked at, and a new direction was declared for reassigning of each program's speciality. The Names were changed and ours will be Appalachian Community Corrections Alternative Program (ACCAP).

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: 4

List of Standards Exceeded: 115.217, 115.231, 115.233, 115.241

Standards Met

Number of Standards Met: 35

List of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.218, 115.221, 115.222, 115.232, 115.234, 115.235, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: n/a

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

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.

Materials Reviewed:

Memo Referencing PREA Compliance
OP 038.3

OP 135.2

Organizational Chart (Agency and Facility)

List of PREA Compliance Managers 2019

List of PREA Compliance Managers 2020

PREA Compliance Managers

PREA Unit Key Contact List

Employee Work Profiles (Central Region) PREA/ADA Analyst 2017 / 2019

Employee Work Profiles (Eastern Region) PREA/ADA Analyst 2017 / 2019

Employee Work Profile PREA/ADA Compliance Manager

Employee Work Profile (PREA ADA Supervisor) 2017

Interview with Agency's PREA Analyst

Memo Referencing PREA Compliance dated August 1, 2012:

This memo covers initiation information regarding the steps that a facility will need to take to come into compliance with the PREA Standards. It covers: Core Responsibility and Measures and Measures for Department / Unit Objectives.

OP 038.3

C. Compliance with PREA is a priority for the DOC and this agency strives to provide a safe environment

where offenders are free from sexual misconduct and makes every effort to detect, prevent, and reduce sexual abuse, assault, harassment, and misconduct.

1. The Director has designated the PREA/ADA Supervisor as the statewide PREA coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act (PREA) National Standards in all DOC facilities. (§115.11[b], §115.211[b])
2. Regional PREA Analysts have been designated to oversee facility efforts to comply with the PREA National Standards and to direct facility PREA activities within in their assigned Region.
3. Each Facility Unit Head has designated a PREA Compliance Manager, with sufficient time and authority, to coordinate the facility's efforts to comply with the PREA National Standards. (§115.11[c])

D. The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders as defined in this operating procedure. The DOC actively works to prevent, detect, report, and respond to any violation. (5-3D-4281-6; 4-4281-6; §115.11[a], §115.211[a])

OP 135.2

9. Sexual Misconduct

- a. The Department of Corrections has zero tolerance for all forms of sexual abuse and sexual harassment. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional information on preventing, detecting, and responding to such conduct. (§115.11[a], §115.211[a])
- iii. Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and

the sanctions imposed for comparable offenses by other staff with similar histories.
(§115.76[c], §115.276[c]) (added 7/1/18)

List of PREA Compliance Managers

This list is comprised of the assigned Compliance Managers by Region and by position.

PREA Unit Key Contact List

This DOC Intranet page lists the names and contact information of the PREA Coordinator, the Regional PREA Analysts and the PREA Hotline Coordinator.

Comments:

The PREA/ADA Work Profiles included Work Descriptions and Performance Plans, Core Responsibilities, Agency/Departmental Objectives, Employee Development Plans and Review of Work Description for each of the identified individuals.

Note: Each of these Work Descriptions and Performance Plans are more descriptive than what is written in the prior paragraph.

Both the PREA/ADA Analyst and the facility Compliance Manager state that they have sufficient time and authority to complete their PREA duties.

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)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable

attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) 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.

Materials Reviewed:

Lawrenceville Correctional Facility Contracts 2013 – 2018
Lawrenceville Contract Extension 2018
Lawrenceville PREA Final Audit Report 11-20-19
OP 038.3
OP 260.1
OP 940.1
Memorandum from Facility Superintendent dated January 2, 2020

The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 1

The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0

Lawrenceville Correctional Facility Contracts

Included within the contracts is the following language:

Section 4.1 Operating Standards. The Contractor shall operate and maintain the Facility in accordance with all applicable federal, state and local laws; Court Orders; orders or decisions of federal, state and local regulatory agencies; ACA Standards, State Regulations, Prison Rape Elimination Act (PREA) standards, and all DOC policies and procedures as they may all be amended and/or superseded from time to time.

OP 038.3

Through contracts and Board of Corrections operating standards, facilities, and jails that contract for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a]) Any new contract or contract renewal will provide for DOC contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])

OP 260.1

All contracts for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a]) Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])

- a. 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. (§115.212[c])

Lawrenceville PREA Final Audit Report 11-20-19

The Lawrenceville Correctional Center Facility Visit was held on March 4 – 7, 2019. This facility had nine (9) Exceeded Standards and thirty-six (36) Standards met.

OP 940.1

A. Community Residential Programs

2. Through contracts and Board of Corrections operating standards, facilities that contract for the confinement of Department of Corrections (DOC) offenders shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a])
 - a. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])
 - b. 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. (§115.212[c])

Memorandum from Facility Superintendent dated January 2, 2020

This memorandum from Superintendent Berk Artrip states: "Appalachian Community Correction Alternative Program is a Virginia Department of Corrections' state owned and operated facility. It does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. Therefore, PREA Standard § 115.212 is non-applicable."

Comments:

The Lawrenceville Correction Center Facility is contracted by the Virginia Department of Corrections to hold Virginia inmates. It's expectation to adhere to PREA standards is equal to that of DOC facilities.

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: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes 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 prevailing staffing patterns? 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 adequate staffing levels? 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.

Materials Reviewed:

OP 401.2
 Duty Rosters Showing Deviations
 2019 Staffing Plan Memorandum with Post Audit
 2020 Staffing Plan Memorandum with Post Audit
 Staffing Plan Deviations
 Unannounced Rounds / Dorms
 Interview with Superintendent
 Interview with PREA Compliance Manager
 Interview with PREA Analyst
 Interview with Supervisory Staff
 Review of Unannounced Rounds
 Site Review

Since August 20, 2012, or last PREA audit, whichever is later:

The average daily number of residents: 95

The average daily number of residents on which the staffing plan was predicated: 106

OP 401.2

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”. In essence the policy addresses those elements required for staffing plans noted in this standard.

Duty Rosters Showing Deviations

Sample quarterly daily duty rosters from January 2019 through June of 2020 were provided to the auditor. The forms showed changes in scheduling and ‘time off’.

2019 Staffing Plan Memorandum with Post Audit

The following is an excerpt from the memorandum from Berk Artrip, Superintendent to Tammy Barbetto, Western Regional PREA Analyst dated February 4, 2019.

“Appalachian Detention Diversion Center's Superintendent, Major, PREA Compliance Manager discussed the most recent Post Audit that was signed by me and dated January 29, 2018. This Post Audit reflects the number of FTE's in Security Staff it takes to provide adequate supervision to ensure all the offender population lives in a safe and secure environment. We also have the same number of positions working at this facility on a day to day basis. We will DRAFT overtime on security staffing to ensure we have enough staff to ensure a safe and secure facility. Any deviations to Appalachian Detention Diversion Center's Post Audit would be as follows:

1. Staff scheduled off for accumulated leave time.
2. Staff attending additional mandated training.
3. Staff adjusted for attending the mandatory training on scheduled time off.
4. Staff on short term disability.
5. Call-ins (policy allows staff to call in 2 hours prior to shift for medical reasons.)

In regard to video monitoring. Appalachian Detention Diversion Center has approximately 13 cameras around the facility. These cameras were installed in October 2015 in the following areas: walk through fence entrance gate, outside and inside the side offender/delivery gate, outside offender delivery gate, outside and inside the gun locker, one in each of the 4 dormitories, food service dining hall, and one at the old tower which gives a view of the back yard. Viewing capability is available on assigned state computers for all Administrative Duty Officers, and Shift Commanders. Limited Departmental viewing capability is available for Probation Officers. Therefore, it is my opinion that there is adequate staffing and recourses available for video monitoring at Appalachian Detention Diversion Center.”

The next memorandum is again from the facility Superintendent dated January 23, 2019 regarding ‘Upgrades to Facilities and Technologies’.

“During the Second Quarter of 2018, two new cameras were placed in the kitchen area. One in dish room and 1 placed in kitchen area.”

The third section of this documentation dated January 29, 2018 shows post numbers, title, shift, hours, and staff required to fill the post. In addition, it shows the shift design.

2020 Staffing Plan Memorandum with Post Audit

The following is an excerpt from the memorandum from Berk Artrip, Superintendent to Tammy Barbetto, Western Regional PREA Analyst dated January 22, 2020.

“Appalachian Community Corrections Alternative Program's Superintendent, Major, PREA Compliance Manager discussed the most recent Post Audit that was signed by me and dated June 6, 2019. This Post Audit reflects the number of FTE' s in Security Staff it takes to provide adequate supervision to

ensure all the offender population lives in a safe and secure environment. We also have the same number of positions working at this facility on a day to day basis. Any deviations to Appalachian Community Corrections Alternative Program's Post Audit would be as follows:

1. Staff scheduled off for accumulated leave time.
2. Staff attending additional mandated training.
3. Staff adjusted for attending the mandatory training on scheduled time off.
4. Staff on short term disability.
5. Call-Ins (policy allows staff to call in 2 hours prior to shift for medical reasons.)
6. The drafting of security staff policy at ACCAP is as follows: The security staff that are on rest the day needed will be called in alphabetical order using the updated phone list kept in Master Control Office/Post. The security staff out on leave (vacation/compensatory) will not be called unless there is an Institutional Emergency.

In regard to video monitoring, Appalachian Community Corrections Alternative Program has approximately 18 cameras around the facility. These cameras were installed in October 2015 in the following areas: walk through fence entrance gate, outside and inside the side offender/delivery gate, outside offender delivery gate, outside and inside the gun locker, one in each of the 4 dormitories, food service dining hall, 2-food service stock room and one at the old tower which gives a view of the back yard. Viewing capability is available on the Monitor Station and will be available on assigned state computers for all Administrative Duty Officers, and Shift Commanders. Limited Departmental viewing capability is available for Probation Officers. Therefore, it is my opinion that there is adequate staffing and recourses available for video monitoring at Appalachian Community Corrections Alternative Program.”

The second section of this report dated May 10, 2019, shows post numbers, title, shift, hours, and staff required to fill the post.

Unannounced Rounds / Dorms

The facility provided samples of Log documentation of unannounced rounds to the PREA auditor via the PAQ. The auditor also reviewed log documentation on site.

Comments:

Supervisors are required to make unannounced rounds daily, at staggered times. The Unit Head and Assistant Unit Head are required to make unannounced rounds weekly.

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 outside 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 enable 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? 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 a 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.

Materials Reviewed:

OP 350.2
OP 401.1
OP 401.2
OP 445.1
OP 720.2
OP 801.1
In-Service – Searches Checklist
Female Announcements in Dormitories
In-Service and Orientation
Memorandum regarding Strip Searches
Staff Training Logs
Interviews of Staff
Interviews of Male Inmates
Site Review

In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0

The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

In the past 12 months:

This facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply or August 20, 2017, if their rated capacity does not exceed 50 residents): 0

This facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision: 0

The number of pat-down searches of female inmates conducted by male staff: 0

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances: 0

Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: 100%

In-Service – Searches

This document is a 'Training Checklist' that includes Purpose, Objectives, Hours, Materials Required, Instructional Method, References (Lesson Plans, Operating Procedures). Also included is the Trainer Outline: Introduction, Purpose, Objectives, Definitions, Control of Contraband, Searches Methods Authorized for Employees, Visitors, Volunteers, Offender Refusal to Submit to Searches, LGBTI Searches, Area Searches, Vehicle Searches, Personal Protective Equipment and Conclusion.

The LGBTI Searches Section includes:

1. Pat-down searches of cross-gender, transgender and intersex offenders shall be conducted in a professional and respectful manner and in the least intrusive manner possible. Consistent with security needs at any time whether or not criteria for reasonable belief exists.
2. Female corrections officers should conduct all frisk searches of transgender and intersex offenders unless urgent circumstances are present and documentable. Exceptions to this requirement should be referred to the facility Treatment Team.
3. A transgender or intersex offender shall not be searched or physically examined for the sole purpose of determining the offender's genital status.
4. If the offender's genital status is unknown, it may be determined through conversation with the offender, a review of the medical record, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.
5. Strip searches of offenders by opposite gender staff may be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative.
6. Transgender and intersex offenders expressing a preference regarding the sex of the correctional staff conducting the strip search should request consideration of their preference in writing to the facility Treatment Team for review.
7. Approval must be obtained from the Shift Commander prior to conducting the search with notification to the Administrative Duty Officer and the Regional PREA Analyst.
8. An Internal Incident Report must be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.

OP 350.2

xiv. Cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs (§115.15[f], §115.215[f])

OP 401.1

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”. This policy addresses housing unit announcements.

OP 401.2

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”. This policy addresses privacy issues and housing unit announcements.

OP 445.1

This policy is noted as “unauthorized dissemination, printing or copying is prohibited”. This policy addresses search directives.

OP 720.2

10. 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. (§115.15[e], 115.215[e])

OP 801.1

12. Facility procedures and practices shall enable offenders 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. (§115.15[d], §115.215[d])

Female Announcements in Dormitories

Documentation via Logbooks were provided to the auditor via the PAQ.

In-Service and Orientation Memorandum

A Memorandum was provided to the auditor from the Superintendent dated March 31, 2020 stating “During the month of March 2020, Appalachian Detention and Diversion Center/ACCAP did not have anyone in Orientation but did have staff participating in In-service Training.”

A second memorandum dated August 1, 2020 stated “During the months of April through July 2020, Appalachian Detention and Diversion Center/ACCAP did not have anyone in Orientation. Also, there were no staff that participated in In-Service due to covid protocols.”

Memorandum regarding Strip Searches

A Memorandum addressing strip searches was provided to the auditor from the Superintendent dated March 31, 2020 stating “During the first quarter audit period of 2020, Appalachian CCAP has never conducted a strip search of an offender for the sole purpose of determining the gender of the offender.”

A second memorandum dated August 1, 2020 stated, “During the months April through July 2020, Appalachian CCAP did not conduct a strip search of an offender for the sole purpose of determining the gender of the offender.”

Comments:

The Inservice – Searches List in a more detailed document than what is listed above.

Probationers and staff alike stated that strip searches are only completed as part of security operations. At the time of the audit, no transgender or intersex individuals were present within the facility, therefore specific standards questions could not be asked.

Again, all those interviewed shared that female staff were announced upon entering the housing area.

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 assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes 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.

Materials Reviewed:

OP 038.3
PREA Handbook in Braille
Spanish-Offender Training Acknowledgement
VLS Interpreter Service
Zero Tolerance – English
Zero Tolerance - Hearing Impaired
Zero Tolerance - Spanish
Optimal Interpreter Services 11-25-15, 11-25-16
Stratus (Formerly Optimal Interpreter Services)
Stratus Audio LLC
Stratus Interpreters Contract 11-18 to 11-19
Propio Contract Proposal
Propio
Purple Communications
Purple Language Service Contracts
Purple Language Service Contract Modifications
Memorandums
Interviews with staff
Site Review

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations: 0

OP 038.3

- E. Offenders with disabilities and offenders who are limited English proficient (§115.16, §115.216)
1. Facility staff must take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such disabilities include but are not limited to offenders who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities.
 - a. When necessary to ensure effective communication with offenders who are deaf or hard of hearing, access to interpreters who can interpret effectively, accurately, and impartially, both

- receptively and expressively, using any necessary specialized vocabulary must be provided.
- b. Written materials will be provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, and who are blind or have low vision.
 - c. The facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.
2. 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.
 3. 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.
 4. Facility staff should consult with their PREA Compliance Manager and Regional PREA Analyst, as necessary, to obtain information on available resources to provide equal opportunity and meaningful access to offenders with disabilities and offenders who are limited English proficient.

PREA Handbook in Braille

This handbook has been transcribed by Virginia Correctional Enterprises Braille / Fluvanna Correctional Center for Women.

Spanish-Offender Training Acknowledgement

This form is utilized for Spanish Speaking inmates to acknowledge their receiving PREA information.

VLS Interpreter Service

Vernacular Language Services is a Foreign Language Telephone Interpreter Service. The provided contract was for a period of four (4) successive one (1) year options starting December 1, 2014 to December 31, 2015.

Zero Tolerance – English / Hearing Impaired / Spanish

This Handout includes information on Reporting, Knowing Your Rights, Staff and Offenders Cannot...., and How do I Get Help.

Optimal Interpreter Services / Stratus (Formerly Optimal Interpreter Services)

The facility provided copies of yearly contracts with the business beginning November 2015 to November 2019.

Propio Contract Proposal

Propio responded to an RFP proposed by the VA DOC in July 2011.

Propio

The contract with Propio Language Services commenced on November 1, 2018, with three (3) renewal options.

Purple Language Service Contracts / Contract Modifications

Several yearly contracts were provided to the auditor, commencing with 2013 through October of 2019. On August 20, 2019, a contract modification took place. This allowed for language modification.

Memorandums

A memorandum for the auditor from the Superintendent, dated April 3, 2020 regarding Disabilities reads “During the first quarter audit period of 2020, Appalachian Detention/Diversion ACCAP had no offender that received or needed orientation in Spanish. In addition, no offender was housed with a disability that required an ASL interpreter; documentation read slowly or larger print for the visually impaired, etc.”

Another memorandum to the auditor from the Superintendent, dated August 1, 2020 states “During the months of April through July 2020, Appalachian Detention/Diversion ACCAP had no offender that received or needed orientation in Spanish. In addition, no offender was housed with a disability that required an ASL interpreter; documentation read slowly or larger print for the visually impaired, etc.”

Comments:

Individuals who are ordered to this program from the courts are probation violators. Most arrive from their local jails. The facility rarely receives probationers who have limited English proficiency or are disabled in any way. Although this is true, the auditor noted that in offices, there were postings for interpreter services.

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

115.217 (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.

Materials Reviewed:

OP 102.2
 OP 102.3
 OP 102.7
 OP 135.1
 OP 145.2
 OP 260.1
 Appalachian Employee VCIN Report
 Spectrum Contract VCIN Report
 Volunteer VCINs and Training Data

Memorandums
Promotion Applications
Memorandum on Transfers
Staff File Reviews
Contractor File Reviews
Interview with Human Resources Staff

In the past 12 months:

The number of persons hired who may have contact with inmates who have had criminal background record checks: 4

In the past 12 months:

The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 3

OP 102.2

8. Eligibility

- a. The DOC shall not hire or promote anyone for a position that may have offender contact who has been: (§115.17[a], §115.217[a])
 - i. 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);
 - ii. 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
 - iii. 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
- b. The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders (§115.17[b], §115.217[b])
- c. The DOC must ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph a., of this section in written applications or interviews for hiring or promotions. (§115.17[f], §115.217[f])

OP 102.3

10. The DOC shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who: (§115.17[a], §115.217[a])
 - a. 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)
 - b. Has been civilly or administratively adjudicated to have engaged or 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
 - c. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. (§115.17[g], §115.217[g])
11. The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. (§115.17[b], §115.217[b])

12. Before hiring new employees who may have contact with offenders, the DOC shall: (§115.17[c], §115.217[c])
 - a. Perform a criminal background records check (VCIN)
 - b. 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.
13. All DOC facilities shall perform a criminal background records check (VCIN) before enlisting the services of any contractor who may have contact with offenders. (§115.17[d], §115.217[d]) All DOC community based administrative offices should perform a criminal background records check (VCIN) before enlisting the services of any contractor who will have unescorted contact with offenders.
14. The DOC shall conduct criminal background records checks (VCIN) at least every five years of current employees and contractors. A criminal background records check (VCIN) will be conducted annually for sensitive specialist assignments.
 - a. The Human Resources Officer for each organizational unit shall ensure criminal background records checks (VCIN) are conducted and documented as required. (§115.17[e], §115.217[e])
 - b. The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted.

OP 102.7

10. Information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be furnished to any institutional employer for whom which the employee has applied to work provided the request is written. (§115.17 [h], §115.217 [h])

OP 135.1

- hh. 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. (§115.17[g], §115.217[g])

OP 145.2

E. Conducting Performance Evaluations

2. Each employee shall be required to complete Section I of Employee Self-Assessment 145_F6 to document a response to the following questions: (§115.17[f], §115.217[f])
 - a. Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail, juvenile facility?
 - b. Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
 - c. Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)?
 - d. The employee's signature documents that the employee has been reminded that there is a continuing affirmative duty to disclose any such misconduct. (§115.17[f], §115.217[f])

OP 260.1

- b. The DOC must not enlist the services of any contractor who may have contact with offenders, who: (§115.17[a, b], §115.217[a])
 - i. 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 et seq. Civil Rights of Institutionalized Persons)
 - ii. Has been civilly or administratively adjudicated to have engaged or 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.

- iii. The DOC must consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with offenders. (§115.17[b], §115.217[b])
- iv. The DOC must also perform a criminal background records check and any applicable drug test before enlisting the services of any contractor who may have contact with offenders. (§115.17[d], §115.217[d])

Appalachian Employee VCIN Report

This report includes the name of personnel, position, VCIN effective date (date completed) and the VCIN Transaction Description (five (5) year check, promotion, hire and annual).

Spectrum Contract VCIN Report

This report includes the name of the contract staff, position, VCIN effective date (date completed) and the VCIN Transaction Description (new hire and annual).

Volunteer VCINs and Training Data

This report includes the volunteers name, PREA Training date, Gang Training date and background check date.

Memorandums

The facility provided several memorandums to the auditor from the Superintendent for the four (4) quarters of 2019 and the first quarter of 2020.

- “During the first quarter of audit period 2020, Appalachian CCAP had no new hires and two promotions.” Dated: April 3, 2020
- “During the fourth quarter of audit period 2019, Appalachian Detention Center/ ACCAP had no new hires and no promotions.” Dated: December 30, 2019
- “During the third quarter of audit period 2019, Appalachian Detention Center/ ACCAP had no new hires and one promotion in July.” Dated: September 30, 2019
- “During the second quarter of audit period 2019, Appalachian Detention Center/ ACCAP had no new hires and no promotions.” Dated: June 30, 2019
- “During the first audit quarter of 2019, Appalachian Detention Center/ ACCAP had no new hires or promotions.” Dated: March 31, 2019

Promotions

Four (4) Promotional Applications were provided for the following dates: June and November 2019 and two (2) for March of 2020. Each of the applications included the following questions:

*Please read this question carefully and respond appropriately. In accordance with the Prison Rape Elimination Act (PREA) and DOJ, 28 CFR 115.17, please respond to the following: Question #1 Have you engaged in sexual abuse in an institutional setting where the term "institutional" refers to any facility or institution: (A) which is owned, operated, managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is: (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility; (iii) a pretrial detention facility; (iv) for juveniles: (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care.

*Please read this question carefully and respond appropriately. In accordance with the Prison Rape Elimination Act (PREA) and DOJ, 28 CFR 115.17, please respond to the following: Question #2 Have you 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?

*Please read this question carefully and respond appropriately. In accordance with the Prison Rape Elimination Act (PREA) and DOJ, 28 CFR 115.17, please respond to the following: Question #3 Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2. above?

Memorandum on Transfers

The following memorandum was provided to the auditor from the Superintendent, dated August 1, 2020: “During the months of April through July 2020, Appalachian ACCAP did not have any promotions. They had one new hire, Probation Officer, was already a VADOC employee and transferred to Appalachian ACCAP from Probation and Parole District #17.” Also included was his transfer application which contained the PREA questions as noted above.

Comments:

As documented earlier in this report, personnel information was easily accessible and timely.

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.

Materials Reviewed:

OP 801.1
Memorandums
Interview with Superintendent
Site Review

OP 801.1

4. The effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and the in planning any substantial expansion or modification to an existing facility. (§115.18[a], §115.218[a])
5. 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. (§115.18[b], §115.218[b])

Memorandums

The following memorandums were provided by the Superintendent to the auditor:

March 30, 2020: "During the first period quarter of 2020, Appalachian CCAP no modifications to the facility or video monitoring system were made. A facility upgrade was made by adding a window to the solid door of the gym office which is going to be converted to a Spectrum staff office."

December 30, 2019: "During the fourth period audit quarter Appalachian Detention Center/ ACCAP no modifications to the facility or video monitoring system were made."

September 30, 2019: "During the third period audit quarter Appalachian Detention Center/ ACCAP made several substantial modifications to the facility or video monitoring system. In July four additional cameras were added to the facility." A service contract was attached.

June 30, 2019: "During the second audit period Appalachian Community Corrections Alternative Program has made no substantial modification to the facility or video monitoring system."

March 31, 2019: "During the first audit period Appalachian Community Corrections Alternative Program has made one substantial modification to the facility or video monitoring system. A window was added to one of the probation officer's office." A service contract was provided.

Note: Within the PAQ was pictures of all modifications made at the facility.

Comments:

The auditor, while on the site visit, reviewed those items noted within the memorandums.

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 residents who experience 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 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.

Materials Reviewed:

OP 030.4
 OP 038.3
 OP 720.7
 OP 730.2
 Virginia Forensic Nurse Examiner Program
 Forensic Nurse Examiner Contact Form
 Action Alliance Contracts
 Mountain State Contracts
 Memorandums
 Interviews with Staff
 Interview with SAFE/SANE provider
 Interview with PREA Compliance Manager

In the past 12 months:

The number of forensic medical exams conducted: 0
 The number of exams performed by SANES/SAFEs: 0
 The number of exams performed by a qualified medical practitioner: 0

OP 030.4

7. Evidence Protocol and Forensic Medical Examinations

- a. SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (§115.21[a], §115.221[a])
- b. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. (115.21[b], §115.221[b])
- c. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interview. (§115.21[e], §115.221[e])
- d. With the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (PERK kit recommended). Although it is recommended that a PERK kit is collected within 72 hours it should be used beyond that time whenever there is a possibility of evidence remaining.

OP 038.3

VI. Victim Advocate/Emotional Support

- A. The DOC will attempt to make available to the victim a victim advocate from a rape crisis center. (§115.21[d], §115.221[d])
 1. If a rape crisis center is not available to provide victim advocate services, the services of a qualified staff member or a qualified staff member from a community-based organization must be made available.
 2. As requested by the victim, a victim advocate, qualified staff member, or qualified community-based organization member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e])
 3. The qualified staff member or community-based member must be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h], §115.221[h])

OP 720.7

F. If evidentiary or medically appropriate, victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. (5-6C-4406; 4-4406)

1. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. (§115.21[c], §115.221[c])
 - a. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e]) A qualified DOC Mental Health/counseling staff member or a qualified community-based staff member will be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h], §115.221[h])

OP 730.2

- f. The DOC will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the DOC must make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. (§115.21[d], §115.221[d])

Virginia Forensic Nurse Examiner Program

The VA Forensic Nurse Examiner document includes information for the Northern, Tidewater, Western and Central Regions of Virginia. Each area is broken down by Hospital, Contact information, Services Available, Special Services, and Number of Team Members.

Forensic Nurse Examiner Contact Form

This form is for utilized for the following facilities: Keen Mountain, Wallens Ridge, Appalachian Detention Center and Wise Correctional Unit.

Action Alliance Contracts

The Action Alliance also known as Virginia Sexual and Domestic Violence Action Alliance and the VA DOC entered into this contract to provide a toll-free Family Violence and Sexual Assault hotline, maintenance of records, provide crisis intervention and emotional support, provide a trained victim advocate (forensic exams, investigations, follow-up visits or communications), all advocates complete PREA Training, screen all advocates.

The last contract with this agency was entered into in April of 2019, with four (4) successive one-year extensions.

Mountain State Contracts

Mountain States Health Alliance d/b/a Russell County Hospital contracted with the VA DOC for a Sexual Assault Nurse Examiner (SANE) who is able to go a DOC facility to perform a sexual assault examination. Note: There is only one Hospital in Southwest Virginia and is the closest program to the Western Region. Therefore, this contract negates the logistic challenges of transporting the victim to an emergency department for assessment.

This renewable contract was signed on February 5, 2019, with a contract modification on March 16, 2020 noting the name change to Ballard Health Business Health.

Victim Advocate Services Memorandums

The following memorandums were written to the PREA Auditor from the facility Superintendent:

- “During the first audit quarter of 2020, Appalachian CCAP Victim Advocate Services were not requested or provided.” Dated: March 31, 2020
- “During the fourth quarter audit period of 2019, Appalachian Detention Center/ ACCAP no Victim Advocate Services were requested or provided.” Dated: December 30, 2019
- “During the third audit quarter of 2019, Appalachian CCAP Victim Advocate Services were not requested or provided.” Dated: September 30, 2019
- “During the second audit quarter of 2019, Appalachian CCAP Victim Advocate Services were not requested or provided.” Dated: June 30, 2019
- “During the first audit quarter of 2019, Appalachian CCAP Victim Advocate Services were not requested or provided.” Dated: March 31, 2019

Additional:

- “During the months April through July 2020, Appalachian CCAP Victim Advocate Services were not requested so none were provided.” Dated: August 1, 2020

Evidence Protocol and Forensic Medical Examinations

The following memorandums were written to the PREA Auditor from the facility Superintendent:

- “During the months April through July 2020, there were no reports of a detainee housed at Appalachian CCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian CCAP, Ballard Health Russell County Hospital will be contacted and a SANE will travel to the facility and perform the exam on site. The SANE services will be available 24/7.” Dated: August 1, 2020.

- “During the first audit quarter of 2020, there were no reports of a detainee housed at Appalachian CCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian CCAP, Ballard Health Russell County Hospital will be contacted and a SANE will travel to the facility and perform the exam on site. The SANE services will be available 24/7.” Dated: March 31, 2020

- “During the fourth quarter audit period of 2019, Appalachian Detention Center/ ACCAP had no reports of a detainee housed that were being sexually abused and required a forensic medical exam. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordination staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination that would need to be conducted on a detainee that is housed at ACCAP, Ballard Health Russell County Hospital will be contacted and a SANE nurse will travel to the facility and perform the exam on site. The SANE services will be available 24/7.” Dated: December 30, 2019

- “During the third audit quarter of 2019, there were no reports of a detainee housed at Appalachian CCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian CCAP, Ballard Health Russell County Hospital will be contacted and a SANE will

travel to the facility and perform the exam on site. The SANE services will be available 24/7.”
Dated: September 30, 2019

- “During the second audit quarter of 2019, there were no reports of a detainee housed at Appalachian CCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur. ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian CCAP. Ballard Health Russell County Hospital will be contacted and a SANE will travel to the facility and perform the exam on site. The SANE services will be available 24/7.”
Dated: June 30, 2019

- “During the first audit quarter of 2019, there were no reports of a detainee housed at Appalachian CCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian CCAP, Ballard Health Russell County Hospital will be contacted and a SANE will travel to the facility and perform the exam on site. The SANE services will be available 24/7.”
Dated: March 31, 2019

Comments:

As noted earlier in the report, this facility has not had an allegation of sexual abuse or sexual harassment for several years. Interviews indicated that staff were aware of the process for allegations, securing the alleged site and protecting and gathering useable physical evidence.

An Advocate would be made available, if requested by the alleged victim.

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 conducting 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.

Materials Reviewed:

OP 030.4
OP 038.3

Memorandums

Interview with Investigative Staff (SIU and Facility)

Interviews with Staff

In the past 12 months:

The number of allegations of sexual abuse and sexual harassment that were received: 0

The number of allegations resulting in an administrative investigation: 0

The number of allegations referred for criminal investigation: 0

OP 030.4

3. The SIU is authorized to:

- b. Conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure. (§115.22[d], §115.222[d])

G. Prison Rape Elimination Act (PREA) Investigations

1. The Facility Unit Head shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. (§115.22[a], §115.222[a])
4. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit who has the legal authority to conduct criminal investigations. (§115.22[b], §115.222[b])

OP 038.3

V. Investigation

- A. An administrative or criminal investigation conducted in accordance with PREA standards must be completed and documented for all allegations of sexual abuse and sexual harassment. (5-3D-4281- 3; 4-4281-3; §115.22[a], §115.222[a], §115.71[k], §115.271[k])
 1. If the alleged abuser is staff, the staff member must be reassigned to a post with no offender contact, suspended, or placed on pre-disciplinary leave with pay based on circumstance or situation, pending completion of the investigation as outlined in Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.
 2. Upon receipt of an allegation of sexual abuse, investigative staff will have 30 days to complete a administrative investigation into the allegation.
 - a. The initial investigation will be conducted by the Facility Investigator or other staff member who has received the required specialized training to conduct sexual abuse investigations.
 - b. If it is determined that the investigation will not be completed within 30 days, the Facility Investigator must contact the Regional PREA Analyst to discuss an extension.
 - c. When the Regional PREA Analyst determines that an extension is needed, periodic updates must be provided at an interval deemed appropriate by the Regional PREA Analyst.
 - d. If a determination is made that the sexual abuse allegation will be handled by SIU, the Facility Investigator will notify the Regional PREA Analyst.
 3. Unless the Facility Investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment must be referred for investigation to SIU. The Facility Investigator will document all such referrals. (§115.22[b], §115.222[b])
 - a. SIU conducts investigations into criminal behavior, procedural or administrative violations, and staff misconduct affecting the operations of the DOC. (See Operating Procedure 030.4, Special Investigations Unit.)
 - b. The Chief of SIU or designee will review the nature of the allegations received and determine if

- an investigation by SIU is warranted.
- c. During the investigation, facility staff will cooperate with SIU and the Facility Investigator must endeavor to remain informed about the progress of the investigation. (§115.71[1], §115.271[1])
4. Investigative staff will follow Operating Procedure 030.4, Special Investigations Unit. (§115.22[d], §115.222[d])
- a. All evidence collected at the facility and at the hospital (PERK, evidence collection, etc.) must be handled in accordance with Operating Procedure 030.1, Evidence Collection and Preservation.
 - b. Investigations must be documented and recorded as required in Operating Procedure 030.4, Special Investigations Unit.

Memorandums

The following memorandums were from the Superintendent to the PREA Auditor:

- “During the months April through July 2020, Appalachian Detention Center/ACCAP did not have any allegations of sexual abuse or sexual harassment.” Dated: August 1, 2020
- “During the month of March 2020, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: April 1, 2020
- “During the month of February 2020, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: March 1, 2020
- “During the month of January 2020, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: February 2, 2020
- “During the month of December 2019, Appalachian Detention Center/ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: December 31, 2019
- “During the month of October 2019, Appalachian Detention Center/ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: November 1, 2019
- “During the month of September 2019, Appalachian Detention Center/ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: October 1, 2019
- “During the month of August 2019, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: September 1, 2019 (2 provided)
- “During the month of July 2019, Appalachian CCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: August 1, 2019
- “During the month of June 2019, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: July 1, 2019
- “During the month of May 2019, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: June 1, 2019
- “During the month of April 2019, Appalachian Detention Center/ ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: May 1, 2019
- “During the month of March 2019, Appalachian Detention Center/ACCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated” April 1, 2019

Comments:

While discussing with staff the appropriate steps to take when there is an allegation of sexual abuse, staff shared that all allegations are provided to the facility investigators and that investigations could be moved to SIU.

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.

Materials Reviewed:

OP 102.6
OP 350.2
2018 PREA Curriculum
2019 PREA Curriculum
2020 PREA Curriculum
PREA Newsletters
Monthly In-Service and Orientation Training
Interviews with Staff
Review of Staff Training Records / Signatures

Interview with Contractors

In the past 12 months:

The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements: 55

OP 102.6

6. Prison Rape Elimination Act (PREA) Orientation - Employees

- a. The agency shall train all employees who may have contact with offenders on: (§115.31[a], §115.231[a])
 - i. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - iii. Offenders' right to be free from sexual abuse and sexual harassment;
 - iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - v. The dynamics of sexual abuse and sexual harassment in confinement;
 - vi. The common reactions of sexual abuse and sexual harassment victims;
 - vii. How to detect and respond to signs of threatened and actual sexual abuse;
 - viii. How to avoid inappropriate relationships with offenders;
 - ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
 - x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. 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. (§115.31[b], §115.231[b])
- c. The agency shall document through employee signature or electronic verification that employees understand the training they have received. (§115.31[d], §115.231[d])

OP 350.2

9. Prison Rape Elimination Act (PREA) In-service (§115.31[a, c], §115.231[a, c])

- a. In-service training programs shall include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas:
 - i. Its zero-tolerance policy for sexual abuse and sexual harassment
 - ii. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
 - iii. Offenders' right to be free from sexual abuse and sexual harassment
 - iv. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment
 - v. The dynamics of sexual abuse and sexual harassment in confinement
 - vi. The common reactions of sexual abuse and sexual harassment victims
 - vii. How to detect and respond to signs of threatened and actual sexual abuse
 - viii. How to avoid inappropriate relationships with offenders (Operating Procedure 130.1, Rules of Conduct Governing Employees Relationships with Offenders)
 - ix. How to communicate effectively and professionally with offenders, including lesbian, gay,

- bisexual, transgender, intersex, or gender nonconforming offenders
- x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b. Such training shall be tailored to the gender of the offenders at the employee's facility. The employee shall receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. (§115.31[b], §115.231[b])
- c. The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. (§115.31[d], §115.231[d])

10. Security Staff In-Service

- iii. Supervision of offenders including training on the current DOC sexual abuse and sexual harassment policies and procedures (§115.31[c], §115.231[c])

2018 PREA Curriculum

This Curriculum includes several elements: Trainer Outline (Participant Outline), Training Checklist, Test and Answer Key. Inservice training includes the Participant Outline, Test and Answer Key, Trainer Outline and Training Checklist.

2019 PREA Curriculum

This Curriculum includes the Participant Outline, Trainer Outline, Training Checklist, and Test and Answer Key. The Inservice training includes the Participant Outline, Test and Answer Key, Trainer Outline, and Training Checklist.

In addition, training includes a "PREA Jeopardy" presentation, a "PREA Jeopardy" In-Service, PREA Basics Online Curriculum, PREA Basic Correctional Officer and Non-Security Training and Inservice training curriculum.

2020 PREA Curriculum

This curriculum includes a 2020 Basic Correctional Officer Participant and Trainer Outline as well as a Training Checklist, a PREA In-Service Participant Outline, a Test and Answer Key, an In-Service Trainer Outline and Training Checklist, and a 2020 PREA Basics On-line Training Curriculum and Trainer Outline.

PREA Newsletter

In 2017, the Department initiated a monthly PREA Newsletter. In January 2019, the Newsletter added ADA to become a PREA and ADA document. The facility provided all Newsletters from 2017 until June of 2020.

Monthly In-Service and Orientation Training

This documentation included the Institutional Inservice Agenda, Rosters, In-Service Exams, and Acknowledgement Sign-off Forms

Comments:

In review of all the curriculums, all elements required by the standards are present.

Interviews conducted showed that staff understood those requirements noted in this standard.

Note: More information on training is written at the start of this report.

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.

Materials Reviewed:

OP 027.1
OP 038.3
OP 102.6
OP 350.2

PREA Compliance – Memorandum
PREA Contractor/Volunteer Trainer Outline
Contractor, Volunteer, Intern PREA Training Acknowledgement Form
Contractor / Volunteer Training Manual
Guide for Maintaining Boundaries
Signed Training Acknowledgements (Spectrum and Volunteers)
Excel List – Volunteers and Contractors Training (Spectrum and Volunteers)
Training Records
Training Sign-off Sheets: Staff, Medical, Contractors
Interviews with Contractors

The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 21

OP 027.1

2. The Statewide and Organizational Unit Volunteer Coordinator, as applicable shall ensure that all volunteers who have contact with offenders have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (§115.32[a], §115.232[a])
 - a. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with offenders. (§115.32[b], §115.232[b])
 - b. All volunteers who have contact with offenders shall be notified of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (§115.32[b], §115.232[b])
 - c. Receipt and understanding of these materials will be documented by the volunteer's signature on the Volunteer Agreement 027_F4. (§115.32[c], §115.232[c])
 - d. Program visitors will be provided A Guide to Maintaining Appropriate Boundaries with Offenders (see Operating Procedure 038.3, Prison Rape Elimination Act (PREA)) as notification of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. Receipt should be documented such as in the facility "sign-in" log.
3. All volunteers shall receive documented orientation and training appropriate to their volunteer duties: (4-4119; 4-ACRS-7B-18, 4-ACRS-7F-09; 4-APPFS-1C-06, 2-CO-1G-07).
 - a. All Program Visitors will be provided:
 - i. Volunteer Agreement 027_F4
 - ii. A Guide to Maintaining Appropriate Boundaries with Offenders (see Operating Procedure 038.3, Prison Rape Elimination Act (PREA)) as notification of the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. (§115.32[b], §115.232[b])
 - iii. Completion of orientation and training will be documented by the volunteer's signature on the Volunteer Agreement. (§115.32[c], §115.232[c])
 - b. Volunteers under the general supervision of a corrections employee or a trained volunteer or volunteers who will provide supervision to other volunteers shall receive orientation and training to DOC Operating Procedures, including but not limited to:
 - i. Operating Procedure 038.3, Prison Rape Elimination Act (PREA)
 - ii. Operating Procedure 135.1, Standards of Conduct
 - iii. Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders

xii. Completion of orientation and training will be documented by the volunteer's signature on the Volunteer Orientation Checklist 027_F8. (§115.32[c], §115.232[c])

OP 038.3

2. All contractors and volunteers with the DOC who have physical, visual, or auditory contact (or could have contact) with offenders will be trained on their responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders. (§115.32[a], §115.232[a])
 - a. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. (§115.32[b], §115.232[b])
 - i. At minimum, such persons will be notified of the DOC's Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 - ii. All volunteers and contractors will be provided with a copy of Attachment 4, A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections, and will be required to sign Attachment 6, Prison Rape Elimination Act (PREA) Training Acknowledgement.

OP 102.6

B. Volunteers and Contractors

1. The agency must ensure that all volunteers and contractors who have contact (or could have contact) with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures and have signed the Prison Rape Elimination Act (PREA) Training Acknowledgement attachment to Operating Procedure 038.3, Prison Rape Elimination Act (PREA). (§115.32[a], §115.232[a])
2. The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders must be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (§115.32[b], §115.232[b])
3. The agency will maintain documentation confirming that volunteers and contractors understand the training they have received. (§115.32[c], §115.232[c])

OP 350.2

- e. Contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers. (§115.32, §115.232)
 - i. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 - ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.
 - iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.
 - iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training.

PREA Compliance – Memorandum

This memorandum from the PREA Coordinator to all Unit Heads is dated October 17, 2012. It states "To comply with PREA Standard §115.32, all contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers as outlined in Operating Procedure 038.3 Sexually Abusive Behavior Prevention and

Intervention. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders as follows:"

The memo continues with a training directive for identified Level 1 – 3 Contractors and Volunteers. It also states "Training should be documented and maintained in the volunteer or contractors file. A copy of this memorandum and any local implementation memo or documentation of procedure change should also be placed in the respective PREA Standards file."

PREA Contractor/Volunteer Trainer Outline

This training includes: What is PREA, the Nine Purposes of PREA, OP 038.3 Sexually Abusive Behavior Prevention and Intervention, Zero Tolerance Policy, Rules of Conduct Governing Employee Relationships with Offenders, Myths, Dynamics of Sexual Abuse and Sexual Harassment in Confinement, Common Reactions of Sexual Abuse and Sexual Harassment Victims, Detection Strategies, and Avoiding Inappropriate Relationships.

Contractor, Volunteer, Intern PREA Training

This form is an Acknowledge document, noting whether the Contractor, Intern or Volunteer is considered a Level 1, 2 or 3 and a signature line for the individual and the PREA Trainer.

Training Curriculums for Contractors and Volunteers

This training covers Purpose of PREA, How does PREA Affect You, Rules of Conduct Governing Employees Relationships with Offenders, PREA and Fraternalization, Consequences for a PREA Violation And/or Fraternalization, Reporting, Myths, Detection Strategies, and Avoiding Inappropriate Relationships with Offenders.

Guide for Maintaining Boundaries

This brochure for Contractors and Volunteers. It covers Red Flags, Prevention, Duty to Report, Resources, and Policy.

Signed Training Acknowledgements

The facility provided multiple signed Spectrum training schedules, tests, and acknowledgements for 2019 and 2020.

Excel List – Volunteers and Contractors Training

This list includes the names of Spectrum Contractors and their date of hire.

The volunteer list includes names, date of PREA Training, Gang Training, and background check. It also contained a sign-off sheet for the PREA training.

Comments:

Since the start of COVID-19, volunteers have not entered the facility. Therefore, there were no recent training records.

Contractors are required to complete the same yearly In-Service Training as DOC employees. That training is addressed earlier in this report.

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? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? 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

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Materials Reviewed:

OP 038.3
OP 940.4
Zero Tolerance Handouts; Spanish, English, Braille
Offender PREA Training Acknowledgement; English, Spanish
Offender Training Outline - Comprehensive
Offender Training Intake
Offender Handbook – English and Spanish
Memorandum
Interviews with Staff
Interviews with Inmates
Interviews with Intake Staff
Files of Inmates
Review of Posters
Site Review

Of inmates admitted during the past 12 months:

The number who were given this information at intake: 207

The number of residents transferred from a different community confinement facility during the past 12 months: 207

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 207

OP 038.3

A. Offender Training

1. All offenders newly received into the DOC from a jail or other non-DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. (5-3D-4281-1; 4-4281-1; §115.33[a], §115.233[a])
 - a. This information must be communicated verbally and in writing, in language clearly understood by the offender and will include the following topics: (5-3D-4281-1; 4-4281-1)
 - i. Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and offenders
 - ii. DOC Zero Tolerance Policy
 - iii. Prevention/ Intervention
 - iv. Self-protection
 - v. Reporting sexual abuse/assault/harassment
 - vi. Treatment and counseling
 - vii. Offender telephone sexual abuse Hotline Number #55
 - viii. Free Emotional Support through Hotline Number #55, Option 2
 - b. Facilities must make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. (§115.33[d] §115.233[c])
 - c. On the day of arrival, the offender will receive an initial intake PREA training, utilizing Attachment 2a, Preventing Sexual Abuse & Sexual Assault - Trainer Outline (Intake).
 - i. The offender will watch Section 1 of the PREA: What You Need to Know video.
 - ii. The offender will be provided with a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment that includes the Sexual Assault Hotline Number. (See Attachment 1E, Attachment 1H for Hearing Impaired, or Attachment 1S for Spanish Version.)
 - iii. Upon completion of the intake PREA training, the offender must document receiving the Preventing Sexual Abuse and Sexual Assault Trainings (Intake) and the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment by signing the Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S)
 - d. Within 10 days of arrival, the offender will receive a comprehensive PREA training, utilizing Attachment 2b, Preventing Sexual Abuse & Sexual Assault - Trainer Outline (Comprehensive) and the video PREA: What You Need to Know. (§115.33[b], §115.233[a])
 - i. The offender must document receiving the Preventing Sexual Abuse and Sexual Assault Trainings (Comprehensive) by signing the Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S). (§115.33[e], §115.233[d])
 - ii. The signed Acknowledgement documenting offender completion of the initial and the comprehensive training must be uploaded as an external document in VACORIS and identified as a Special Entry Note on the date the training was completed. Once uploaded, the paper form does not need to be retained.
 - e. It is mandatory that offenders attend both the intake and the comprehensive PREA training. Offenders who refuse will be charged with Offense Code 200, Refusing to work, or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed, in accordance with Operating Procedure 861.1, Offender Discipline, Institutions.
2. Offenders received from another DOC facility must be provided a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment that includes the Sexual Assault Hotline

Number.(See Attachment 1E, Attachment 1H for Hearing Impaired, or Attachment 1S for Spanish Version.) (§115.33[c]), §115.233[b])

- a. If the signed Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S) is not available in VACORIS, the offender must be provided the comprehensive PREA training as described for an offender newly received into the DOC.
 - b. The signed Acknowledgement must be uploaded as an external document in VACORIS and identified as a Special Entry Note on the date the training was completed. Once uploaded, the paper form does not need to be retained.
3. In addition to providing such training and education, each facility will ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. (§115.33[f] §115.233[e])

OP 940.4

- k. PREA offender education shall be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA). In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. (§115.233[b, e])
 - l. Other information as required by the facility.
4. Offenders received from another DOC facility via transfer will be provided a copy of the Sexual Assault Awareness and Prevention brochure (see Operating Procedure 038.3, Prison Rape Elimination Act (PREA), Attachment 1, Attachment 1S for Spanish version, or Attachment 1H for hearing impaired) that includes the Sexual Assault Hotline number. (§115.233[b])

Zero Tolerance Handouts

Three (3) Zero Tolerance Handouts are provided in English, Spanish and in a Braille format.

Offender PREA Training Acknowledgement – Spanish and English

This form is titled “Preventing Sexual Abuse and Sexual Assault Training Acknowledgement”. It includes A check off for providing the offender information about the hotline, Intake (subjects include: Introduction, Video, Reporting, Getting Help, Zero Tolerance for Sexual Abuse, Questions and Summary). It provides a location for the offender name – printed and written and staff; check off for Comprehension (must be completed within ten (10) days of arrival with offender and staff signatures.

Several copies of offender signed Acknowledgement Forms were included in the PAQ.

Offender Training - Comprehensive

This document is a Trainer Outline. Included in this format is purpose, key points, zero tolerance policy, staff sexual abuse and sexual harassment, how to get help, reporting, and what to remember.

Offender Training - Intake

This training is for those incarcerated in the VA Department of Corrections. Included the introduction, video, reporting, getting help, sexual assault awareness and prevention.

Offender Handbook – English and Spanish

PREA content within the handbook includes Reporting and Emotional Support, Grievance Procedure for Sexual Abuse / Sexual Harassment, and a Brochure on PREA (sexual misconduct, what is PREA, making false claims, retaliation, additional info, reporting, prevention, suspicious behavior)

Memorandum

A memorandum from the facility Superintendent to the PREA auditor, dated August 1, 2020 stated: "During the months of April through June 2020, Appalachian Detention and Diversion Center/ACCAP did not have any offender intakes due to the covid outbreak."

Comments:

Probationers were consistent in their statements regarding the intake process at ACCAP. They shared that PREA information was given to them when they arrived and again the next day. Information came in the form of brochures, handbooks, video, and verbal. All files reviewed showed that the individuals received the information as the probationers reported.

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.

Materials Reviewed:

OP 030.4
 OP 350.2
 SIU Specialized Training Certificates 2017 - 2018
 Virginia DOC Investigation Specialized Training
 Investigations Specialized Training
 Basic Training for Institutional Investigators
 Investigations Matrix
 Investigators Certificates
 Interviews with Investigative Staff (SIU and Facility Compliance Manager/Investigator)

The number of investigators the agency currently employed who have completed the required training:2

OP 030.4

4. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations.

- a. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: (§115.34[a], §115.234[a], §115.34[b], §115.234[b])
 - 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.
- b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. (§115.34[c], §115.234[c])

OP 350.2

6. PREA Investigators (§115.34, §115.234)

- a. Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations.
- b. 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
- c. See Operating Procedure 030.4, Special Investigations Unit for guidance on the requirements for PREA Investigations.

SIU Specialized Training Certificates 2017 - 2018 (21)

These training certificates were for “PREA: Investigating Sexual Abuse in a Confinement Setting” and “DOC – PREA for Non-Institutional Staff” for each of the twenty – two (22) staff.

Virginia DOC Investigation Specialized Training

Training held on February 11 – 3 2013 “Investigating Sexual Misconduct and Abuse: Implications of the Prison Rape Elimination Act” written by the Moss Group, Inc. Module 1.

This is a training on “Module 2 – Legal Issues and Agency Liability” also written by the Moss Group, Inc.

Investigations Specialized Training Agenda

“Investigating Sexual Misconduct: Training for Correctional Investigators” was a 2.5-day training held February 11 – 13, 2013. It included Module 1: PREA Refresher and Overview of the PREA Investigative Standards, Module 2: Legal Issues and Agency Liability, Module 3: Overview of VA DOC Policies and Procedures, Module 4: Agency Culture and Boundary Issues, a Practitioner Roundtable, Module 5: First Response and Evidence Collection, Module 6: Forensic Medical Exam, Module 7: Trauma and Victim Response, Module 8: Prosecutorial Collaboration, and Module 9: Interviewing Techniques.

Basic Training for Institutional Investigators

This is a PowerPoint for institutional investigators. PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings. The content of this training is quite extensive. As an example here are a few of the topics: Evidence Protocol and Forensic Medical Exams, Employee Training, Criminal and Administrative Investigations, Miranda Warning, Garrity Warning, Court Approach, Litigation, Two Types of Liability, Trauma and Victim Responses, Trauma and the Brain, Impacts of Sexual Abuse, and Investigations

Investigations Matrix

This matrix delineates Investigations handled by the Facility (Initial PREA, Fraternalization and harassment allegations (closed if unfounded)), Investigations Started at Facilities and passed on to SIU (Confirmed PREA allegations, Joint Investigations, Investigations Handled by SIU (Confirmed PREA allegations, Confirmed fraternization, Sexual assault (Examples: rape, forcible sodomy)) and Investigations handled on a case by case basis.

Investigators Certificates

Training Certificates for the facilities' Lieutenant Investigator: PREA: Your Role Responding to Sexual Abuse, PREA: Investigating Sexual Abuse in a Confinement Setting, Institutional Investigator Basic School Agenda (Documentation and Report Writing, Ethical Behavior and the Investigator, Basic Crime Scene Investigation, Mock Crime Scene Practicum, Courtroom Preparation/Testifying, Investigating Sexual Misconduct for Investigators (PREA), Decoding the new gang member, Mailroom Procedure/Intel Gathering)

The Sergeant's NIC (National Institute of Corrections) training certificate for PREA: Investigating Sexual Abuse in a Confinement Setting was also included in the PAQ.

Comments:

Training records of all investigators were provided to the auditor. Appropriate training was completed. Interviews showed that the investigators were able to share content of the training.

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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 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 and 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.

Materials Reviewed:

OP 102.6

OP 350.2

OP 701.1

OP 720.7

Specialized Training NIC Screen

NIC Training Certificates for "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting"

Interviews with Medical and Mental Health Staff

Training Documentation

The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 3

The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

OP 102.6

C. Medical and Mental Health Care Practitioners - Medical and mental health care practitioners must also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC. (§115.35[d], §115.235[d])

OP 350.2

11. Non-Security Staff In-Service

b. Medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers depending upon the practitioner's status in the DOC. (§115.35[d], §115.235[d])

OP 701.1

9. The Health Authority and/ or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in: (§115.35[a, c], §115.235[a, c])

a. How to detect and assess signs of sexual abuse and sexual harassment

b. How to preserve physical evidence of sexual abuse

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment

d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

OP 720.7

C. All health care providers will be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence. (§115.35[b], §115.235[b])

Specialized Training NIC Screen

NIC provides an e-learning course on Medical Health Care for Sexual Assault Victims in a Confinement Setting.

Documentation of Medical and Mental Health Employee Log and Training (3)

The facility provided training verification for two medical staff on "NIC Training for "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting".

One staff member completed “NIC training – PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting” and “PREA Specialized Training for QMHP’s”.

Comments:

The one (1) nurse at the facility works eight (8) hour days, Monday through Friday. She does not complete forensic examinations. Normally, ACCAP shares a full-time mental health staff with a District office so she would usually be at ACCAP on Mondays and Tuesdays. However, this individual is on extended leave so a mental health staff member from a district office has been providing mental health services, as needed. She is available via phone for routine referrals but will make on site visits as needed/emergent.

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: 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: 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: 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: 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: 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: 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: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes 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 a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes 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.

Materials Reviewed:

OP 730.2

OP 940.4

Perception Memorandum

Intake List, Classification/Intake and Reassessments – Quarterly

File Reviews

In the past 12 months:

The number of residents entering the facility (either through intake or transfer within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 200

The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon an additional, relevant information received since intake: 200

OP 730.2

D. 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. (§115.41[g], §115.241[g])

OP 940.4

5. A P&P Officer or other facility staff shall assess all offenders during reception for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. (§115.241[a])
- a. The assessment shall be completed and approved within 72 hours of arrival at the facility. (§115.241[b])
 - b. Facility staff will interview and evaluate all incoming offenders for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the Classification Assessment in VACORIS and available offender records (§115.241[c], §115.241[d], §115.241[e])
 - c. For any offender scoring as a High Risk Sexual Aggressor (HRSA) or a High Risk Sexual Victim (HRSV), the person completing the Classification Assessment shall immediately notify a Qualified Mental Health Professional (QMHP) for follow-up in accordance with Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification.
 - i. For any offender that does not have an Assaultive Alert in VACORIS and scores as a High-Risk Sexual Victim (HRSV), the person completing the Classification Assessment shall immediately notify the Shift Commander to review for appropriate bed assignment.
 - ii. For any offender that does not have an Assaultive Alert in VACORIS and scores as a High Risk Sexual Aggressor (HRSA), the person completing the Classification Assessment shall immediately notify the Facility Unit Head or designee to review for possible removal from the program.
 - iii. For any offender that does not have an Assaultive Alert in VACORIS and scores as a High Risk Sexual Victim (HRSV) and/or High Risk Sexual Aggressor (HRSA), the person completing the Classification Assessment shall immediately enter an Alert, type Assaultive, with the comment PREA HRSV or PREA HRSA.

- d. Offenders who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization shall be referred to the QMHP who will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the offender. (§115.262)
- e. Offenders may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the Classification Assessment interview. (§115.241[h])
- f. Responses to questions asked related to the Classification Assessment shall remain confidential in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. (§115.241[i])
- j. Within 21 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. (§115.241[f])
 - i. The PREA Reassessment 810_F1 shall be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the facility.
 - ii. Completion of the Reassessment must be documented as a Special Entry in the Supervision Notes section of VACORIS.
 - iii. The PREA Reassessment will be scanned and uploaded as an external document to the corresponding Special Entry note.
- k. An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. (§115.241[g])

F. CCAP Programming

1. Upon arrival at a CCAP facility, each offender is assigned a P&P Officer to ensure appropriate supervision and personal contact. This P&P Officer meets with and counsels the offender as necessary, consistent with the offender's individual CCAP Case Plan. This P&P Officer may be part of a treatment or a unit management team that performs this function. (4-ACRS-5A-07) (added 8/1/18)
2. The supervising P&P Officer is responsible to document in VACORIS Case Notes a minimum of two face-to-face contacts per month during the offender's program stay. These Case Notes entries may include; office visits, group contacts, work site/employment checks, Treatment Team contacts

9. Disciplinary Hearing for Violations

- e. Violations of Condition 12
 - i. An offender found to have violated Condition 12 by commission of sexual assault and any offender victims will be referred to their P&P Officer for reassessment of the offender's risk of sexual victimization or abusiveness. At the discretion of the Hearings Officer, making sexual advances may also warrant referral. (§115.241[g])

PREA Assessment Perception Memo dated April 30, 2015

This memorandum from the PREA Coordinator to the Wardens and Superintendents instructs those individuals completing the initial PREA Screening Tool to document if he/she perceives the offender to be or not to be gender non-conforming.

Intake List, Classification/Intake and Reassessments – Quarterly 2019 and July 2020

Within the PAQ the facility provided examples of intake lists, classification (initial assessment), and reassessments for several individuals.

In addition, the facility provided a memorandum from the Superintendent to the PREA auditor that states: "During the months of April through June 2020, Appalachian Detention and Diversion Center/ACCAP did not have any offender intakes due to the covid outbreak."

Comments:

All assessments are comprehensive. Reassessments must be completed within 14 – 21 days.

As mentioned earlier in this report. All assessments and reassessments were completed timely and appropriately.

The Senior Probation Officer, three (3) Probation Officers, four (4) watch Commanders, Superintendent, Major, PREA Compliance Manager and three (3) Investigators have access to Classification Assessments/Reassessments on CORIS.

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 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 (e)

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

115.242 (f)

- 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.

Materials Reviewed:

OP 038.3
OP 730.2
OP 940.4
Facility Offender Alert Report
Memorandums
Interview with PREA Compliance Manager
Interview with Senior Probation Officer
Site Review

OP 038.3

- I. Offender Screening and Use of Screening Information
 1. 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.
(See Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, Operating Procedure 810.1, Offender Reception and Classification, And Operating Procedure 810.2, Transferred Offender Receiving and Orientation.)
 2. 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. (§115.42[a], §115.242[a])
 - a. Staff will make individualized determinations about how to ensure the safety of each offender. (§115.42[b], §115.242[b])
 - b. 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. (§115.42[c], §115.242[c])

- i. A transgender or intersex offender's own view with respect to their own safety will be given serious consideration. (§115.42[e], §115.242[d])
 - ii. 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. (§115.42[g], §115.242[f])
 - iii. Transgender and intersex offenders must be given the opportunity to shower separately from other offenders. (§115.42[f], §115.242[e])
 - iv. Specialized decisions to provide specific individual accommodations to transgender or intersex offenders and offenders diagnosed by Mental Health staff with Gender Dysphoria must be made by the Gender Dysphoria Committee.
3. Facility housing and programming assignments for each transgender and intersex offender must be reassessed at least twice each year to review any threats to safety experienced by the offender. (§115.42[d])
- a. The Institutional Program Manager (IPM) or designated staff for facilities without an IPM will pull the Facility Offender Alert custom report from VACORIS in the months of January and July in order to complete a six-month reassessment of housing and programs for all transgender and intersex offenders.
 - b. The staff member must meet with the offender to discuss their housing and program needs and to ensure their current assignments are still appropriate.
 - c. A note must be placed in VACORIS indicating the "six-month housing and program assignment reassessment completed" and documenting any necessary action taken regarding changes to housing and programs.
 - a. The IPM or designated staff will refer the offender to QMHP for follow-up, as needed.
 - b. All reassessments must be completed by the last day of the designated months.

OP 730.2

5. The QMHP will notify facility staff responsible for making housing and programming assignments for transgender or intersex offenders of any relevant screening results that would present management or security problems so staff on a case-by-case basis can make a determination that best ensures the offender's health and safety. (§115.42[c], §115.242[c])

OP 940.4

- g. The DOC shall use information from the Classification Assessment to inform 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. (§115.242[a])
- h. Housing and programming assignments for transgender or intersex offenders shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. (§115.242[c])
 - i. A transgender or intersex offender's own view with respect to their own safety shall be given serious consideration. (§115.242[d])
 - ii. Lesbian, gay, bisexual, or intersex offenders shall not be placed in a dedicated housing unit or wing solely on the basis of such identification or status. (§115.242[f])
 - iii. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. (§115.242[e])
- i. The agency shall make individualized determinations about how to ensure the safety of each offender. (§115.242[b])

- k. An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. (§115.241[g])

Facility Offender Alert Report

The PAQ included this form which is ran from their computer system: CORIS. The form shared that on July 15, 2020 and February 14, 2020 that there were no residents which qualified as HRSA (High Risk for Sexual Assault).

Memorandum

Provided to the auditor from the Superintendent was a memorandum dated April 1, 2020 stating: "During the first audit quarter of 2020, Appalachian CCAP did not identify any detainees as being high risk sexual aggressors or at high risk of sexual victimization."

Another memorandum stated: "During the months of April through July 2020, Appalachian CCAP did not identify any detainees as being high risk sexual aggressors or at high risk of sexual victimization."

Comments:

The housing arrangements at this facility is dormitory style. Interviews indicated that if the facility had probationers at high risk, they would be bunked close to the officer's desk, which is located between the four (4) visually open dorms. The Probation Officers and the facility PREA Compliance Manager has input into the work assignments.

Probationers are placed at this facility to complete programming as ordered by the court.

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

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members 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

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.

Materials Reviewed:

OP 038.1

OP 038.3
OP 801.6
OP 803.3
OP 866.2
Zero Tolerance Handouts (English, Spanish, Braille)
Action Alliance MOU
Memorandums
Interviews of Staff
Interviews of Inmates
Interview of PREA Compliance Manager
Site Review
PREA Posters
MOU with outside Advocacy Agency
Inmate Handbook

OP 038.1

5. Reporting of Sexual Misconduct

- c. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document verbal reports as an Internal Incident Report with PREA checked in the description field. (§115.51[c], §115.251[c])

OP 038.3

II. Detection and Reporting

1. Offender Responsibilities

- a. Offenders shall have the opportunity to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee, and will not be required to report only to the immediate point-of-contact line officer (4-4281-7). An offender may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using an Offender Request (see Operating Procedure 801.6, Offender Services) or Informal Complaint (see Operating Procedure 866.1, Offender Grievance Procedure). (§115.51[a], §115.251[a])
- b. An offender who is sexually assaulted shall immediately notify staff that a sexual assault has occurred. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports as an Internal Incident Report with PREA checked in the description field in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§115.51[c], §115.251[c])
- c. Offenders who observe, are involved in, or have any knowledge or suspicion of a sexual assault or unauthorized relationship shall immediately notify staff.
- d. The agency shall also provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. (§115.51[b], §115.251[b])
- e. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. (§115.51[d], §115.251[d])

OP 801.6

A. Access to Services

3. Offender Request Alleging Sexual Abuse and Sexual Harassment

- a. The Offender Request is one internal way that offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. (§115.51[a], §115.251[a])
- b. Staff shall accept any report of PREA related issues submitted 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 shall be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§115.51[c], §115.251[c])

OP 803.3

5. PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available. (§115.51[a], §115.251[a])

OP 866.2

IV. Complaints/Grievances Regarding Sexual Abuse and Sexual Harassment - Community Corrections Facilities

- A. Offenders must have the opportunity to report sexual abuse and sexual harassment, reprisal by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee. An offender may report such incidents to an employee, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using the established facility offender complaint/grievance procedure. (§115.251[a])
- C. 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*. (§115.251[c])

Zero Tolerance

The agency utilizes three (3) Zero Tolerance formats, English, Spanish and Braille. Contact information is readily available.

Action Alliance MOU

As noted earlier in this report, the contracts with Action Alliance commenced in 2013. Copies of each year's subsequent renewal was reviewed by the auditor. (Hotline and Advocacy Services)

Memorandums

The following memorandums were provided to the auditor:

- "During the months of April through July 2020, there were no allegations reported: verbal, in writing, anonymous, or yd party of sexual abuse or sexual harassment at Appalachian CCAP." Dated: August 1, 2010
- "During the month of March 2020, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian Detention/Diversion Center. Dated: April 1, 2020

- “During the month of February 2020, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian Detention/Diversion Center.” Dated: March 1, 2020
- “During the month of January 2020, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated: February 1, 2020.
- “During the month of December 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated: January 3, 2020
- “During the month of November 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated: December 1, 2019
- “During the month of October 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated: November 1, 2019
- “During the month of September 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian Detention/Diversion Center.” Dated: October 1, 2019
- “During the month of August 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated September 1, 2019
- “During the month of July 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated: August 1, 2019
- “During the month of June 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” Dated: July 1, 2019
- “During the month of May 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian CCAP.” June 1, 2019
- “During the month of April 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian Detention/Diversion Center.” Dated: May 1, 2019
- “During the month of March 2019, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Appalachian Detention/Diversion Center.” Dated: March 31, 2019

Comments:

The agency has provided a ‘hot-line’ for staff to privately report sexual harassment and sexual abuse. This telephone number is separate from the ‘hot-line’ utilized by probationers.

Note: The facility does not hold inmates solely for immigration purposes.

The facility has multiple ways in which an offender can report sexual abuse or sexual harassment.

✓ #55

This telephone access is to Action Alliance. By pressing 1, the offender is able to leave a message. By pressing 2, an offender can speak directly with a staff member.

Although, this service can be utilized for anonymity, offenders are informed that cameras in the unit record who is using the phone at a specific time.

Action Alliance will notify the facility of any report of sexual harassment and sexual abuse that is received.

✓ Offenders can write to Action Alliance. Anonymity can be requested.

- ✓ Request Forms
- ✓ Speaking to Staff (any)
- ✓ Third Party (Form is on the VA DOC website)
- ✓ Emergency Grievance
- ✓ Complaint Form

Staff members state they can utilize many of the formats listed above, including speaking privately with their supervisor unless that person is the person being reported. If so, they would report 'up the chain'.

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 a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes 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 determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes 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 a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes 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 a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes 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 a 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 a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes 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 a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes 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.

Materials Reviewed:

OP 038.3
 OP 866.2
 OP 940.4
 Memorandums
 Offender Handbook
 Interview with Staff

The past 12 months:

The number of grievances filed that alleged sexual abuse: 0

The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

In cases where the agency requested an extension of the 90 day-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve: n/a

The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances that had an initial response within 48 hours: 0

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0

OP 038.3

A. Offender Responsibilities

- d. There is no time limit on when an offender may submit a Complaint, Informal 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.) (§115.52[b], §115.252[b])
2. 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. (§115.52[e], §115.252[e])
 - 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.

OP 866.2

II. Complaint Resolution

- C. Offenders will not be required to resolve complaints concerning allegations of sexual abuse with the staff member towards whom the alleged incident of sexual abuse is directed. (§ 115.252[b(3)])

III. Alleged Sexual Abuse or Violation of Rights

- A. Any oral or written complaints by offenders alleging violation of rights or allegations of sexual abuse must be promptly referred to the immediate supervisor.
 - B. If the complaint is regarding the Unit Head, then the complaint will be referred in writing to the Regional Administrator. (§ 115.252[b(3)])
- IV. Complaints/Grievances Regarding Sexual Abuse and Sexual Harassment - Community Corrections Facilities
- A. Offenders must have the opportunity to report sexual abuse and sexual harassment, reprisal by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any employee. An offender may report such incidents to an employee, by informing the employee in any manner available, e.g. verbally, through the offender telephone system Sexual Assault Hotline Number #55, or in writing using the established facility offender complaint/grievance procedure. (§115.251[a])
 - B. Any offender who alleges sexual abuse must be allowed to submit a complaint/grievance without submitting it to a staff member who is the subject of the complaint. The staff member may provide information during the investigation of the complaint but the complaint will not be referred to them for response. (§115.252[c])
 - D. Facility staff will immediately forward all emergency complaints alleging that an offender is subject to a substantial risk of imminent sexual abuse to the Shift Commander who will determine if immediate corrective action is warranted. (§115.252[f])
 - 1. An initial response to the complaint must be provided to the offender within 48 hours and a final decision must be provided within five calendar days.
 - 2. The initial response and final decision must include a determination whether the offender is in substantial risk of imminent sexual abuse and any action taken in response to the complaint.
 - E. Third Party Assistance (§115.252[e])
 - 1. Third parties, including fellow offenders, staff members, family members, community employers, attorneys, and outside advocates, will be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and must also be permitted to file such requests on behalf of offenders.
 - 2. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
 - 3. If the offender declines to have the request processed on their behalf, the facility will document the offender's decision.
 - F. The facility will not impose a time limit on when an offender can submit a complaint/grievance regarding an allegation of sexual abuse. (§115.252[b(1)])
 - 1. Otherwise-applicable time limits will apply to any portion of the complaint that does not allege an incident of sexual abuse. (§115.252[b(2)])
 - 2. Nothing in this section will restrict DOC ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired. (§115.252[b(4)]).
 - G. Disciplinary action may be brought against an offender for filing a complaint/grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. (§ 115.252[g])
- V. Responses and Appeals
- A. All complaints must receive a documented response within 30 days unless otherwise agreed. Written responses are preferred, but oral responses to oral complaints will be documented in the VACORIS Log Notes. (§115.252[d(1)])
 - B. The offender may appeal to the Unit Head if not satisfied with the supervisor's response. All complaints must receive a documented response within 30 days unless otherwise agreed. Written

responses are preferred, but oral responses to oral complaints will be documented in the VACORIS Log Notes. (§115.252[d(1)])

- C. The Unit Head is the final level of appeal for all complaints except those complaints regarding the Unit Head and complaints alleging sexual abuse and sexual harassment.
- D. The Regional Administrator will be the final level of appeal for complaints regarding the Unit Head and allegations of sexual abuse and sexual harassment. Written response should be provided within 30 days. (§115.252[d(1)])
- E. A final decision on the merits of any portion of a complaint made in a Community Corrections facility alleging sexual abuse must be issued within 90 days of the initial filing of the complaint. §115.252[d]
 - 1. The 90-day time limit will not include time used by the offender in preparing any administrative appeal.
 - 2. If the normal time period for response is insufficient to make an appropriate decision, the facility may claim an extension of time to respond of up to 70 days.
 - 3. The facility will notify the offender in writing of the extension and provide a date by which a decision will be made.
 - 4. Expiration of the 30-day time limit at any level of response or failure to provide notice of an extension will be considered a denial at that level and will qualify the complaint for appeal to the next level of review. (§115.252[d(4)])

OP 940.4

- 7. Review and Investigation by Officer-in-Charge - Upon receipt of a CCAP Violation Report, the OIC will:
 - f. The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. (§115.252[g])

Memorandums

The following are memorandums provided by the Superintendent to the auditor:

- “During the months of April through July 2020, Appalachian Detention Center/ACCAP did not have any allegations of sexual abuse or sexual harassment received through the grievance procedure. No allegations of sexual abuse or sexual harassment were received by 3rd party or through the emergency grievance procedure.” Dated August 1, 2020
- “During the first period audit quarter of 2020, Appalachian CCAP there were no allegations of sexual abuse or sexual harassment were received through the grievance procedure. No allegations of sexual abuse or sexual harassment were received by 3rd party or thru the emergency grievance procedure.” Dated: April 1, 2020
- “During the fourth period audit quarter of 2019, Appalachian Detention Center/ACCAP there were no allegations of sexual abuse or sexual harassment were received through the grievance procedure. No allegations of sexual abuse or sexual harassment were received by 3rd party or thru the emergency grievance procedure.” Dated: December 31, 2019
- “During the third period audit quarter of 2019, Appalachian CCAP there were no allegations of sexual abuse or sexual harassment were received through the grievance procedure. No allegations of sexual abuse or sexual harassment were received by 3rd party or thru the emergency grievance procedure.” Dated: September 30, 2019
- “During the second period audit quarter of 2019, Appalachian Detention Center/ACCAP there were no allegations of sexual abuse or sexual harassment were received through the grievance procedure. No allegations of sexual abuse or sexual harassment were received by 3rd party or thru the emergency grievance procedure.” Dated June 30, 2019
- “During the first period audit quarter of 2019, Appalachian Detention Center/ACCAP there were no allegations of sexual abuse or sexual harassment were received through the grievance procedure. No allegations of sexual abuse or sexual harassment were received by 3rd party or thru the emergency grievance procedure.” Dated: March 31, 2019

Offender Handbook

As noted earlier in this report, the Handbook includes: Reporting and Emotional Support and the Grievance Procedure for Sexual Abuse/Sexual Harassment. Also included is a copy of the brochure "Sexual Assault Awareness and Protection".

Comments:

Policy follows the expectation set in this standard. As noted above, the facility has not received a grievance based upon an allegation of sexual abuse or sexual harassment for several years.

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.

Materials Reviewed:

OP 038.3
Zero Tolerance Handouts – English, Hearing Impaired and Spanish
MOU with Action Alliance
Handbook
Brochure - PREA
Poster
Interviews with Inmates
Site Review

OP 038.3

- B. Offender access to free outside confidential support services
1. 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. (§115.53[c], §115.253[c])
 2. Offenders should contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for information on accessing outside victim advocates for free emotional support services related to sexual abuse or may utilize the Sexual Abuse Hotline (#55), Option 2. (§115.53[a], §115.253[a])
 3. The facility will inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (§115.53[b], §115.253[b])
 4. The facility will enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. (§115.53[a], §115.253[a])

Zero Tolerance Handouts – English, Hearing Impaired and Spanish

These papers have been referenced several times within this report. It addresses the Department's zero tolerance for sexual abuse and sexual harassment, knowing your rights and how to report.

MOU with Action Alliance

This MOU has also been addressed numerous times within this report. The facility has provided copies of the original MOU dated 2013 and its yearly renewals. (Advocacy)

Comments:

Note: The facility holds no offenders detained solely for immigration purposes.

Please note previously reported Memorandum of Understanding with Action Alliance.

In addition, interviews with offenders showed their understanding of the options that they have to report sexual abuse and sexual harassment.

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 a 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.

Materials Reviewed:

OP 038.3

Public Website

Third Party Reporting Form – English and Spanish

Snapshot – External Webpage

OP 038.3

- c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site. (§115.54, §115.254)

Public Website

The agency website shares the Departments zero-tolerance to sexual abuse and sexual harassment. The website also provides the telephone number for a 24/7 confidential hotline, a link to a third-party complaint (English and Spanish) and an e-mail address.

Snapshot – External Webpage

This link within the website allows individuals to contact the department with questions, concerns, or comments.

Third Party Reporting Form – English and Spanish

This form allows for a third party to report sexual abuse or sexual harassment. The form contains contact information, description of the incident, facility of the offender, facility of incident, and description of the incident.

Comments:

As noted above, the agency website shares the Departments zero-tolerance to sexual abuse and sexual harassment. The website also provides the telephone number for a 24/7 confidential hotline, a link to a third-party complaint (English and Spanish) and an e-mail address.

OFFICIAL RESPONSE FOLLOWING A 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, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes 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.

Materials Reviewed:

OP 030.4
OP 038.1
OP 038.3
OP 720.2
OP 720.7
OP 730.2
OP 801.6
Memorandums
Interview with Superintendent
Interview with PREA Compliance Manager
Interviews with Staff
Interviews with Medical Staff
Interviews with Mental Health Staff

OP 030.4

G. Prison Rape Elimination Act (PREA) Investigations

3. 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. (§115.61[e], §115.261[e])

OP 038.1

7. Reporting of Sexual Misconduct

- a. 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. If applicable, an Internal Incident Report shall 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]) (changed 6/1/19)
- b. 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. (§115.61[b], §115.261[b])

OP 038.3

3. Staff, volunteers, and contractors must immediately report to their supervisor, or the OIC any knowledge, suspicion, or information on the following incidents; and if applicable, an Incident Report will be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents. (§115.61[a], §115.261[a])
 - a. Staff, volunteers, and contractors must immediately report the following: (§115.61[a], §115.261[a])
 - i. Any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOC
 - ii. Any incident of retaliation against staff or offenders who reported sexual abuse or sexual harassment
 - iii. Any incident of staff neglect or violation of responsibilities that may have contributed to the sexual abuse or sexual harassment and/or retaliation
 - b. If the alleged victim is under the age of 18, aged, incapacitated, or offenders who are receiving services from a Licensed DOC Mental Health Program, the Organizational Unit Head, or Administrative Duty Officer in their absence, is required to immediately report any alleged abuse to the local Department of Social Services. (§115.61[d], §115.261[d])
 - c. Apart from reporting to designated supervisors or officials, staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions. (§115.61[b], §115.261[b])

OP 720.2

3. All offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a Medical or Mental Health Screening, Appraisal, or Examination. (§115.61 [c], §115.261[c])

OP 720.7

- D. At the initiation of services, medical and mental health practitioners will be required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality. (5-6C-4406; 4-4406, §115.61[c], §115.261[c])

OP 730.2

- b. Any QMHP, who has knowledge, suspicion, or information regarding an incident or alleged incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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, must immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head. (§115.61[a], §115.261[a])

(a) 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*. (§115.61[c], §115.261[c])

OP 801.6

- A. Access to Services

- c. Information related to a sexual abuse report shall not be revealed to anyone other than the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions. (§115.61[b], §115.261[b])

Memorandums

The following memorandums were again provided to the auditor from the Superintendent:

- “During the months April through July 2020, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS. There were no alleged victims under the age of 18 or considered a vulnerable adult.” Dated: August 1, 2020
- “During the first period audit quarter 2020, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS. There were no alleged victims under the age of 18 or considered a vulnerable adult.” Dated: April 1, 2020
- “During the fourth period audit quarter 2019, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS. There were no alleged victims under the age of 18 or considered a vulnerable adult.” Dated: December 31, 2019
- “During the third period audit quarter 2019, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS. There were no alleged victims under the age of 18 or considered a vulnerable adult.” Dated: September 30, 2019
- “During the second period audit quarter 2019, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS. There were no alleged victims under the age of 18 or considered a vulnerable adult.” Dated: June 30, 2019
- “During the first period audit quarter 2019, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS. There were no alleged victims under the age of 18 or considered a vulnerable adult.” Dated: March 31, 2019

Additional Memorandums:

- During the months April through July 2020, Appalachian CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to Medical or Mental Health Staff. Also, there were no reports of sexual abuse or sexual harassment reported anonymously or by a third party.” Dated: August 1, 2020
- “During the first period audit quarter 2020, Appalachian CCAP, no reports of sexual abuse or sexual harassment were made verbally or in writing to Medical or Mental Health Staff. Also, there were no reports of sexual abuse or sexual harassment reported anonymously or by a third party.” Dated: April 1, 2020
- “During the fourth period audit quarter 2019, Appalachian CCAP, no reports of sexual abuse or sexual harassment were made verbally or in writing to Medical or Mental Health Staff. Also, there were no reports of sexual abuse or sexual harassment reported anonymously or by a third party.” Dated: December 31, 2019
- “During the third period audit quarter 2019, Appalachian CCAP, no reports of sexual abuse or sexual harassment were made verbally or in writing to Medical or Mental Health Staff. Also, there were no reports of sexual abuse or sexual harassment reported anonymously or by a third party.” Dated: September 30, 2019
- “During the second period audit quarter 2019, Appalachian CCAP, no reports of sexual abuse or sexual harassment were made verbally or in writing to Medical or Mental Health Staff. Also, there were no reports of sexual abuse or sexual harassment reported anonymously or by a third party.” Dated: June 30, 2019

- “During the first period audit quarter 2019, Appalachian CCAP, no reports of sexual abuse or sexual harassment were made verbally or in writing to Medical or Mental Health Staff. Also, there were no reports of sexual abuse or sexual harassment reported anonymously or by a third party.” Dated: March 31, 2019

Comments:

All staff interviews indicated that the importance of an immediate report of suspicion, knowledge or information was critical for investigation purposes. Information is considered confidential unless part of their reporting for the investigation.

For each appropriate appointment with medical and mental health staff, offenders are provided information with the provider’s duty to report and limitations of confidentiality.

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 a 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.

Materials Reviewed:

OP 038.3

OP 730.2

OP 940.4

Memorandums

Interview with Superintendent

Interviews with Staff

In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0

If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: n/a

The longest amount of time elapsed before taking action, if not immediate (please explain): n/a

OP 038.3

B. Staff, Volunteer, and Contractor Responsibilities

1. 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. (§115.62, §115.262)

OP 730.2

- d. 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. (§115.41[g], §115.241[g])
 - i. 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, (§115.62, §115.262)

OP 940.4

- d. Offenders who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization shall be referred to the QMHP who will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the offender. (§115.262)

Memorandums

The following memorandums were provided for the auditor from the Superintendent:

- "During the months April through July 2020, Appalachian CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If ACCAP learns a detainee is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee." Dated: August 1, 2020
- "During the first period audit quarter 2020, Appalachian CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If ACCAP learns a detainee is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee." Dated: April 1, 2020
- "During the fourth period audit quarter 2019, Appalachian CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If ACCAP learns a detainee is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee." Dated: December 31, 2019
- "During the third period audit quarter 2019, Appalachian CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If ACCAP learns a detainee is

subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee.” Dated: September 30, 2019

- “During the second period audit quarter 2019, Appalachian CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If ACCAP learns a detainee is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee.” Dated: June 30, 2019
- “During the first period audit quarter 2019, Appalachian CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If ACCAP learns a detainee is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee.” Dated: March 31, 2019

Comments:

Staff consistently stated that they would take immediate action. Either by moving the probationer to another location and/or contacting a supervisor.

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 a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes 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.

Materials Reviewed:

OP 030.4
OP 038.3
Memorandums
Interview with Superintendent
Interview with PREA Compliance Manager

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 1

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

OP 030.4

G. Prison Rape Elimination Act (PREA) Investigations

2. When the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA Standards (§115.63[d], §115.263[d])

OP 038.3

5. 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.
 - a. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (§115.63[a], §115.263[a])
 - i. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. (§115.63[b], §115.263[b])
 - ii. The Organizational Unit Head or designee must document that it provided such notification. (§115.63[c], §115.263[c])
 - b. 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. (§115.63[d], §115.263[d])

Memorandums/Notifications

The following memorandums were provided to the auditor from the Superintendent:

- “During the months of April through July 2020, Appalachian CCAP did not receive any reports that a detainee was sexually abused while confined at another facility. Also did not receive any reports from other facilities alleging sexual abuse had occurred at Appalachian CCAP.” Dated: August 1, 2020
- “During the first quarter of 2020, Appalachian Detention Center/ACCAP had one detainee that reported to being sexually harassed by another offender while housed at Southwest Regional Jail Authority (SWRJA) during the months of June and July 2019. An email notification was sent to Major Kilgore at SWRJA.” Dated: April 1, 2020
 - Copies of the email notifying the SWRJA of the incident and an Internal Incident Report were attached.
- “During the fourth audit period quarter of 2019, Appalachian Detention Center/ACCAP did not receive any reports of a detainee being sexually abused while confined at another facility. Also did not receive any reports from other facilities alleging sexual abuse had occurred at Appalachian Detention Center/ACCAP.” Dated: December 31, 2019
- “During the third period audit quarter of 2019, Appalachian CCAP did not receive any reports that a detainee was sexually abused while confined at another facility. Also did not receive any reports from other facilities alleging sexual abuse had occurred at Appalachian CCAP.” Dated: September 30, 2019
- “During the second period audit quarter of 2019, Appalachian CCAP did not receive any reports that a detainee was sexually abused while confined at another facility. Also did not receive any reports from other facilities alleging sexual abuse had occurred at Appalachian CCAP.” Dated: June 30, 2019
- “During the first period audit quarter of 2019, Appalachian CCAP did not receive any reports that a detainee was sexually abused while confined at another facility. Also did not receive any reports from other facilities alleging sexual abuse had occurred at Appalachian CCAP.” Dated: March 31, 2019

Comments:

Interviews indicated that senior staff knew the steps to be taken if there is allegations of sexual abuse or sexual harassment.

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 a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 - Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes 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.

Materials Reviewed:

OP 030.4
 OP 038.3
 OP 075.1
 Appalachian CCAP – Sexual Assault Response Checklist
 Memorandums
 Interviews with Staff

In the past 12 months, the number of allegations that a resident was sexually abused: 0
 Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: n/a

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: n/a

Of these allegations the number of times the first security staff member to respond to the report: n/a

Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Requested 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.

Ensured 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.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: n/a

Of those allegations responded to first by a non-security staff member, the number of times that staff member (if collected): n/a

- (1) requested that the alleged victim not take any actions that could destroy physical evidence; and/or
- (2) Notify security staff.

OP 030.4

10. The Organizational Unit Head or the individual in charge at the scene of a serious incident must take appropriate action necessary to protect physical evidence and crime scenes until released to the responding Special Agent.

- c. Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to: (§115.64[a], §115.264[a])
 - i. Separate the alleged victim and abuser
 - ii. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
 - iii. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
 - iv. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

OP 038.3

IV. Response

B. Facility Staff Responsibilities

1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security staff member to respond to the report will be required to: (§115.64[a], §115.264[a])
 - a. Separate the alleged victim and abuser to ensure the victim's safety. (§115.82[b], §115.282[b])

- 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 victims 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. (§115.64[b], (§115.82[b], §115.264[b], §115.282[b])

OP 075.1

This policy is marked “Unauthorized dissemination, printing, or copying is prohibited.
This policy addresses the Sexual Assault Response Checklist.

Appalachian CCAP – Sexual Assault Response Checklist

This checklist includes the Date/Time, Incident Location, Reported by, Checklist Completed by, Brief Description of Incident, Alleged Victim/s (Name and Offender Number), Alleged Abuser (Name, Offender Number, or Staff Position), and Task (Accomplished by, Time, Initials and Not Needed)

Attached to this Checklist is a written PREA Response Plan signed on September 17, 2019 by the Facility Superintendent and PREA Compliance Manager. This written document contains a list of First Responder’s Responsibility, Supervisor’s Responsibility, Medical’s Responsibility, Mental Health’s Responsibility, Institutional Investigator’s Responsibilities, and Administrative Staff’s Responsibilities. The lists are detailed.

Memorandums

The following memorandums were provided to the auditor from the Superintendent:

- “During the months of April through July 2020, there were no reports of a detainee housed at Appalachian CCAP being sexually abused. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.” August 1, 2020
- “During the first period audit quarter of 2020, were no reports of a detainee housed at Appalachian CCAP being sexually abused. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.” Dated March 31, 2020
- “During the fourth period audit quarter were no reports of a detainee housed at Appalachian CCAP being sexually abused. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.” Dated: December 31, 2019
- “During the third period audit quarter were no reports of a detainee housed at Appalachian CCAP being sexually abused. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.” Dated: September 30, 2019

- “During the second period audit quarter were no reports of a detainee housed at Appalachian CCAP being sexually abused. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.” Dated: June 30, 2019
- “During the first period audit quarter were no reports of a detainee housed at Appalachian CCAP being sexually abused. If an incident of sexual abuse were to occur, ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.” Dated: March 31, 2019

Comments:

As there were no allegations at this facility, the auditor did not review investigation files. Interviews with staff showed that all knew the proper sequence/steps to take upon learning of the allegation.

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.

Materials Reviewed:

OP 038.3

OP 075.1

Sexual Assault Response Checklist Form

Sexual Assault Checklist – Appalachian CCAP

Interview of Superintendent

OP 038.3

IV. Response

- A. Each facility will develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. (See Sexual Assault Response Checklist 038_F6.) (§115.65, §115.265)

OP 075.1

This policy is marked “Unauthorized dissemination, printing, or copying is prohibited.”

This policy addresses the Sexual Assault Response Checklist.

Sexual Assault Response Checklist Form

This form contains the following points: Facility, Date and Time, Incident Location, Checklist Completed by, Alleged Victim (Name and Offender Number), Alleged Abuser (Name and Offender Number), Tasks, Needed, Accomplished by, Time and Initials.

Sexual Assault Checklist – Appalachian CCAP

The facility Checklist mimics the Department Checklist.

Comments:

Note: See description of the form above.

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.

Materials Reviewed:

Memorandum dated April 22, 2013

Memorandum dated April 22, 2013

"To: All Wardens and Superintendents
From: Liz Thornton, Operations Manager, Support
Subject: PREA Compliance – Standard 115.66 & 115.266

In accordance with the Code of Virginia, collective bargaining is prohibited. Per§ 40.1-57.2, "no state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service."

This memo should be retained for your ACA file, as primary documentation that this standard is non-applicable.

Please feel free to contact your Regional PREA Analyst or myself if you have any questions or concerns."

Comments:

None.

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.

Materials Reviewed:

OP 038.3
OP 075.5
OP 135.2

The number of times an incident of retaliation occurred in the past 12 months: 0

OP 038.3

VII. Protection against Retaliation

- A. 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. (§115.67[a], §115.267[a])
 - 1. Allegations of retaliation will be reported through the same methods as available for reporting sexual abuse or sexual harassment.
 - 2. Such allegations must be investigated in the same manner as allegations of sexual abuse.
- B. 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. (§115.67[b], §115.267[b])
 - 1. 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. (§115.67[a], §115.67[c], §115.267[a], §115.267[c])
 - 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. (§115.67[d], §115.267[d])
 - 3. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Facility Unit Head must take appropriate measures to protect that individual against retaliation. (§115.67[e], §115.267[e])
 - 4. The obligation to monitor will terminate if the investigation determines that the allegation is unfounded. (§115.67[f], §115.267[f])

OP 075.5

- A. Mission of the Critical Incident Peer Support Team
 - 3. 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). (§115.67[b], §115.267[b])

OP 135.2

- E. All offenders and staff 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. (§115.67[a, c], §115.267[a, c])
1. The Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of offenders or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment.
 - a. Designated staff will monitor for retaliation at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff.
 - b. If the initial monitoring indicates a continuing need, designated staff will continue monitoring beyond 90 days and notify the unit PREA Compliance Manager.
 2. Any employee or supervisor who witnesses or becomes aware of retaliation must immediately report the incident to their supervisor, the officer in charge, or the Organizational Unit Head, such incidents must be investigated and reported to the unit PREA Compliance Manager.

Memorandums

From the Superintendent to the PREA Auditor, the following memorandum was received.

- “During the months of April through July 2020, there were no allegations of sexual abuse reported at Appalachian CCAP. No report of sexual harassment in which protective measures were taken.”
- “During the first period audit quarter 2020, there were no allegations of sexual abuse reported at Appalachian CCAP. No report of sexual harassment in which protective measures were taken.” Dated: April 1, 2020
- “During the fourth period audit quarter 2019, there were no allegations of sexual abuse reported at Appalachian CCAP. No report of sexual harassment in which protective measures were taken.” Dated: December 31, 2019
- “During the third period audit quarter 2019, there were no allegations of sexual abuse reported at Appalachian CCAP. No report of sexual harassment in which protective measures were taken.” Dated: September 30, 2019
- “During the second period audit quarter 2020, there were no allegations of sexual abuse reported at Appalachian CCAP. No report of sexual harassment in which protective measures were taken.” Dated: June 30, 2019
- “During the first period audit quarter 2019, there were no allegations of sexual abuse reported at Appalachian CCAP. No report of sexual harassment in which protective measures were taken.” Dated: March 31, 2019

Comments:

As mentioned previously, individuals housed in this facility are probationers who violated probation. Probation Officers are assigned to the facility and would take appropriate action if retaliation would occur.

With no finding of retaliation, the facility did not have Monitoring Logs to document any action taken.

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 a 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.

Materials Reviewed:

OP 030.4
OP 038.3
SIU Specialized Training 2018
Virginia DOC Investigation Specialized Training / Module 2 / Legal Issues and Agency Liability
Virginia DOC Investigation Specialized Training / Investigating Sexual Misconduct and Abuse:
Implications of the Prison Rape Elimination Act
Investigations Matrix
Memorandums
Western Region PCM/Investigators/Intel Officers Meeting
Facility Investigators Training Certifications
Interviews with Superintendent
Interview with PREA Coordinator
Interview with PREA Compliance Manager/Investigator
Interview with SIU Staff

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012 or since the last PREA audit whichever is later: 0

OP 030.4

G. Prison Rape Elimination Act (PREA) Investigations

5. SIU investigators will receive special training in sexual abuse investigations before conducting PREA investigations. (§115.71[b], §115.271[b])
 - a. In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: (§115.34[a], §115.234[a], §115.34[b], §115.234[b])
 - 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.
- b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. (§115.34[c], §115.234[c])
6. 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. (§115.71[a], §115.271[a])
 8. 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. (§115.71[c], §115.271[c])
 9. When the quality of evidence appears to support 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. (§115.71[d], §115.271[d])
 10. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. (§115.71[e], §115.271[e])
 11. Administrative investigations (§115.71[f], §115.271[f])
 - a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - b. Shall 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.
 12. Criminal investigations shall 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. (§115.71[g], §115.271[g])
 13. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. (§115.71[h], §115.271[h])
 14. 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. (§115.71[j], §115.271[j])

OP 038.3

V. Investigation

- A. An administrative or criminal investigation conducted in accordance with PREA standards must be completed and documented for all allegations of sexual abuse and sexual harassment. (5-3D-4281-3; 4-4281-3; §115.22[a], §115.222[a], §115.71[k], §115.271[k])
 1. If the alleged abuser is staff, the staff member must be reassigned to a post with no offender contact, suspended, or placed on pre-disciplinary leave with pay based on circumstance or situation, pending completion of the investigation as outlined in Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.
 2. Upon receipt of an allegation of sexual abuse, investigative staff will have 30 days to complete an administrative investigation into the allegation.

- a. The initial investigation will be conducted by the Facility Investigator or other staff member who has received the required specialized training to conduct sexual abuse investigations.
 - b. If it is determined that the investigation will not be completed within 30 days, the Facility Investigator must contact the Regional PREA Analyst to discuss an extension.
 - c. When the Regional PREA Analyst determines that an extension is needed, periodic updates must be provided at an interval deemed appropriate by the Regional PREA Analyst.
 - d. If a determination is made that the sexual abuse allegation will be handled by SIU, the Facility Investigator will notify the Regional PREA Analyst.
5. Upon completion of the investigation, a PREA Investigative Report 038_F9 must be completed and submitted to the facility PREA Compliance Manager who will review the Investigative Report and ensure that each required component of the Report is addressed.
- a. The investigative report must include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and any investigative facts and findings. (§115.71[f(2)], §115.271[f(2)])
 - b. The facility PREA Compliance Manager will complete a PREA Investigative Report Checklist 038_F10, and submit a copy of the PREA Investigative Report 038_F9 and the PREA Investigative Report Checklist to the Facility Unit Head, Regional PREA Analyst, PREA/ADA Supervisor, and PREA Hotline Coordinator within seven working days.

C. Data storage, publication, and destruction

- 1. The Organizational Unit Head must ensure that all case records associated with claims of sexual abuse or sexual harassment, including Incident Reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment or counseling are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. (5-3D-4281-8; 4-4281-8; §115.71[i], §115.271[j])

SIU Specialized Training 2018

As mentioned previously the facility provided the specialized training certificates of the investigators.

Virginia DOC Investigation Specialized Training / Module 2 / Legal Issues and Agency Liability

This curriculum/training (written by the Moss Group) was utilized with department investigators.

Virginia DOC Investigation Specialized Training / Investigating Sexual Misconduct and Abuse: Implications of the Prison Rape Elimination Act

This curriculum/training (written by the Moss Group) was utilized with department investigators.

Investigations Matrix

This Matrix is mentioned earlier in this report. This is how it is broken out:

Investigations Handled by Facility - Initial PREA, Fraternalization and harassment allegations
(closed if unfounded)

Investigations Started at Facilities and Passed on to SIU - Confirmed PREA allegations

Investigations Handled by SIU - Confirmed PREA allegations, Confirmed fraternization, Sexual assault
(Examples: rape, forcible sodomy)

Memorandums

Provided to the PREA Auditor by the Superintendent are the following memorandums:

- “Investigations are conducted at Appalachian Detention Center/ ACCAP by the Institutional Investigator. If an allegation appears to be criminal in nature, Virginia Department of Corrections' Special Investigation Unit (SIU) is contacted to conduct the investigation.

During the months of April through July 2020, there were no allegations of sexual harassment or sexual abuse reported at Appalachian CCAP; therefore, no cases were referred to the SIU or for prosecution.” Dated: August 1, 2020

- “Investigations are conducted at Appalachian Detention Center/ ACCAP by the Institutional Investigator. If an allegation appears to be criminal in nature, Virginia Department of Corrections' Special Investigation Unit (SIU) is contacted to conduct the investigation.

During the first period audit quarter 2020, there were no allegations of sexual harassment or sexual abuse reported at Appalachian CCAP; therefore, no cases were referred to the SIU or for prosecution.” Dated: April 1, 2020

- “Investigations are conducted at Appalachian Detention Center/ ACCAP by the Institutional Investigator. If an allegation appears to be criminal in nature, Virginia Department of Corrections' Special Investigation Unit (SIU) is contacted to conduct the investigation.

During the fourth period quarter 2019, there were no allegations of sexual harassment or sexual abuse reported at Appalachian CCAP; therefore, no cases were referred to the SIU or for prosecution.” Dated: December 31, 2019

- “Investigations are conducted at Appalachian Detention Center/ ACCAP by the Institutional Investigator. If an allegation appears to be criminal in nature, Virginia Department of Corrections' Special Investigation Unit (SIU) is contacted to conduct the investigation.

During the third period audit quarter of 2019, there were no allegations of sexual harassment or sexual abuse reported at Appalachian CCAP; therefore, no cases were referred to the SIU or for prosecution.” Dated: September 30, 2019

- “Investigations are conducted at Appalachian Detention Center/ ACCAP by the Institutional Investigator. If an allegation appears to be criminal in nature, Virginia Department of Corrections' Special Investigation Unit (SIU) is contacted to conduct the investigation.

During the second period audit quarter of 2019, there were no allegations of sexual harassment or sexual abuse reported at Appalachian CCAP; therefore, no cases were referred to the SIU or for prosecution.” Dated: June 30, 2019

- “Investigations are conducted at Appalachian Detention Center/ ACCAP by the Institutional Investigator. If an allegation appears to be criminal in nature, Virginia Department of Corrections' Special Investigation Unit (SIU) is contacted to conduct the investigation.

During the first period audit quarter 2019, there were no allegations of sexual harassment or sexual abuse reported at Appalachian CCAP; therefore, no cases were referred to the SIU or for prosecution.” Dated: March 31, 2019

Western Region PCM/Investigators/Intel Officers Meeting

On September 18, 2019, a Regional Meeting and Training occurred as “Bridging the Gap – Presenter Master Agenda”. The following topics were covered:

- Understanding the Processing of PREA Hotline Calls
- Policy Updates

- Understanding Duties of PCM and Institutional Investigator
- Time Frames
- Reporting Fraternalization, Disciplinary Charges
- SIU Duties, Evidence Collection Protocol

Each topic listed covered a large array of sub-categories.

Attached to this schedule was the attendance list which included the ACCAP Lt/Investigator/PCM and the facility Sgt/Investigator.

ACCAP Investigators Certificates and Training Records

Included in the PAQ and noted previously in this report are the training records/certificates for the facility investigators.

Comments:

ACCAP investigates those allegations that are Administrative in nature and those sexual abuse allegations that do not rise to the level of criminal action. The Department of Corrections SIU (Special Investigations Unit) handles those cases which appears to be criminal.

Interviews with the investigators showed that they follow criteria listed in standard 115.271.

Note: See training verifications.

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

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.

Materials Reviewed:

OP 135.2

OP 861.1

Memorandums

Interviews with Investigative Staff

OP 135.2

6. A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated. (§115.72, §115.272)

OP 861.1

- d. The Hearings Officer shall make a fair decision
 - i. A preponderance of evidence presented at the hearing shall be sufficient to support a finding of guilt. (§115.72)

Memorandums

The following memorandums were provided to the PREA Auditor by the facility Superintendent:

- "There is no standard higher than a preponderance of the evidence utilized when determining whether or not an allegation of sexual abuse or sexual harassment is substantiated." Dated: January 2, 2020
- "There is no standard higher than a preponderance of the evidence utilized when determining whether or not an allegation of sexual abuse or sexual harassment is substantiated." Dated: January 2, 2019

Comments:

None

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 a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes 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

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.

Materials Reviewed:

OP 030.4
OP 038.3
Memorandums
Interview with Superintendent
Interviews with Investigative Staff

In the past 12 months:

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the facility: 0

Of the alleged sexual abuse investigations that were completed, the number of residents who were notified verbally or in writing of the results of the investigation: 0

In the past 12 months:

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0

Of the outside agency investigations of alleged sexual abuse, the number of residents alleging sexual abuse in the facility who were notified verbally or in the writing of the results of the investigation: 0

In the past 12 months:

The number of notifications to residents that were provided pursuant to this standard: 0

The number of those notifications that were documented: 0

OP 030.4

15. 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. (§115.73 [a], §115.273[a])

OP 038.3

B. Reporting to offenders

1. Following an investigation into an offender's allegation that they suffered sexual abuse in a DOC facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (See Attachment 3, Response to Offender PREA Allegation - Sample Letters.) (§115.73[a], §115.273[a])
 - a. 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: (§115.73[c], §115.273[c])
 - 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.
 - b. 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: (§115.73[d], §115.273[d])
 - 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
 - c. All such notifications or attempted notifications must be documented and sent to the offender in the same manner as legal mail. (See Operating Procedure 803.1, Offender Correspondence, for legal mail requirements.) (§115.73[e], §115.273[e])
 - d. Any obligation to report under this standard terminates if the offender is released from DOC custody. (§115.73[f], §115.273[f])

Memorandums

The following memorandums were provided to the auditor from the Superintendent:

- "During the months of April through July 2020, Appalachian Detention Center/ACCAP had no allegations of sexual abuse or sexual harassment were received." Dated: August 1, 2020
- "During the first quarter of 2020, Appalachian Detention Center/ ACCAP had no allegations of sexual abuse or sexual harassment were received." Dated: April 1, 2020
- "During the fourth quarter 2020, Appalachian Detention Center/ACCAP had no allegations of sexual abuse or sexual harassment were received." Dated: December 31, 2019
- "During the third quarter of 2019, Appalachian Detention Center/ AC CAP had no allegations of sexual abuse or sexual harassment were received." Dated: October 2, 2019

- “During the second quarter of 2019, Appalachian Detention Center/ AC CAP had no allegations of sexual abuse or sexual harassment were received.” Dated: July 1, 2019

Comments:

See information provided earlier in this report.

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

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.

Materials Reviewed:

OP 135.1

OP 135.2

Memorandums

In the past 12 months:

The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0

The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

OP 135.1

V. GROUPS OF OFFENSES AND MITIGATING CIRCUMSTANCES

A. General Expectations

8. Staff who are terminated, or who choose to resign in lieu of termination, for violation of the DOC sexual abuse or sexual harassment policies shall be informed of the DOC's responsibility for reporting the employment action to any relevant licensing bodies and to law enforcement agencies unless the activity was clearly not criminal. (§115.76[d], §115.276[d])

OP 135.2

1. Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, Standards of Conduct. (§115.76[a], §115.276[a])
2. Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. (§115.76[b], §115.276[b])

3. Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (§115.76[c], §115.276[c])
4. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. (§115.76[d], §115.276[d])

Memorandums

The following memorandums were received by the auditor from the Superintendent:

- “During the months of April through July 2020, Appalachian Detention Center/ACCAP did not have any disciplinary sanctions imposed on staff due to violations of employee terminations, resignations, discipline or counseling related to sexual abuse or sexual harassment of offenders.” Dated: August 1, 2020
- “During the first period audit quarter of 2020, Appalachian Detention Center/ACCAP no disciplinary sanctions were imposed on staff due to violations of employee terminations, resignations, discipline or counseling related to sexual abuse or sexual harassment of offenders.” Dated: April 1, 2020
- “During the fourth period audit quarter of 2019, Appalachian Detention Center/ ACCAP no disciplinary sanctions were imposed on staff due to violations of employee terminations, resignations, discipline or counseling related to sexual abuse or sexual harassment of offenders.” Dated: December 31, 2019
- “During the third period audit quarter of 2019, Appalachian Detention Center/ ACCAP no disciplinary sanctions were imposed on staff due to violations of employee terminations, resignations, discipline or counseling related to sexual abuse or sexual harassment of offenders.” Dated: September 30, 2019
- “During the second period audit quarter of 2019, Appalachian Detention Center/ACCAP no disciplinary sanctions were imposed on staff due to violations of employee terminations, resignations, discipline or counseling related to sexual abuse or sexual harassment of offenders.” Dated: June 30, 2019
- “During the first period audit quarter of 2019, Appalachian Detention Center/ACCAP no disciplinary sanctions were imposed on staff due to violations of employee terminations, resignations, discipline or counseling related to sexual abuse or sexual harassment of offenders.” Dated: March 31, 2019

Comments:

As stated in the memorandum and via interviews, the facility has not had a situation that has resulted in disciplinary sanctions for staff. The auditor was told that if was to occur, policy would be followed. Note that the policy reflects the standard for staff discipline.

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

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.

Materials Reviewed:

OP 027.1
 OP 135.2
 Memorandums
 Interview of Superintendent
 Interview of Contract Staff

In the past 12 months, contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0

OP 027.1

L. Volunteer Complaints or Dismissal

2. Possible grounds for volunteer dismissal shall include failure to comply with DOC procedures, federal or state laws, or unit rules. Every effort should be made to provide appropriate volunteer training and supervision to help avoid violations and possible termination.
 - a. Any volunteer who engages in sexual abuse shall be banned, prohibited from contact with offenders, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to relevant licensing bodies. (§115.77[a], §115.277[a])
 - b. In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders. (§115.77[b], §115.277[b])

OP 135.2

5. Any contractor or volunteer who engages in sexual abuse of offenders must be prohibited from contact with offenders and must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. (§115.77[a], §115.277[a]) The DOC will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer. (§115.77[b], §115.277[b])

Memorandums

The facility Superintendent provided the following memorandums to the auditor:

- “During the months of April through July 2020, Appalachian Detention Center/ ACCAP did not have any allegations of sexual abuse or harassment involving a contractors or volunteer.” Dated: August 1, 2020
- “During the first quarter of 2020, Appalachian Detention Center/ ACCAP there were no allegations of sexual abuse or harassment involving a contractors or volunteer.” Dated: April 1, 2020
- “During the fourth period audit quarter of 2019, Appalachian Detention Center/ACCAP there were no allegations of sexual abuse or harassment involving a contractors or volunteer.” Dated: December 31, 2019
- “During the third period audit quarter of 2019, Appalachian CCAP received no allegations of sexual abuse or harassment involving a contractors or volunteer.” Dated: September 30, 2019
- “During the second period audit quarter of 2019, Appalachian CCAP received no allegations of sexual abuse or harassment involving a contractors or volunteer.” Dated: June 30, 2019
- “During the first period audit quarter of 2019, Appalachian CCAP received no allegations of sexual abuse or harassment involving a contractors or volunteer.” Dated: March 31, 2019

Comments:

It should be noted that since the COVID-19 pandemic the facility has been closed to volunteers.

Information provided by those interviewed indicated that zero tolerance is also applicable to any volunteer and contractor. Both would be removed from the facility, noting that neither would return. If applicable, they would be reported to law enforcement and any licensing entity.

Standard 115.278: Interventions and 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 a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes 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 a 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 a 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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Materials Reviewed:

OP 038.3
OP 820.2
OP 940.4
Memorandums
Interviews with Medical Staff
Interviews with Mental Health Staff

In the past 12 months:

The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0

The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0

OP 038.3

4. Any offender who makes a report of offender-on-offender sexual violence or staff sexual misconduct or harassment that is determined to be false may be charged with a disciplinary offense if it is determined in consultation with the Regional PREA Analyst that the report was made in bad faith. (§115.78[f], §115.278[f])
 - a. Offenders will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred.
 - b. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying.

OP 820.2

2. Special Needs
 - a. Offenders identified as high risk of re-offending with a history of sexually assaultive behavior (HRSA) are assessed by a mental health or other qualified professional.
 - i. Offenders with a history of sexually assaultive behavior are identified, monitored, and counseled.
 - ii. Facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if offenders who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits. (§115.78[d], (§115.278[d])
 - iii. Offenders that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions, or offense code 217 in accordance with Operating Procedure 861.2 Offender Discipline, Community Corrections Facilities. (§115.78[d], (§115.278[d])

OP 940.4

- Condition 12
I will not participate in any sexual activity. (§115.278[a], [g])
7. Review and Investigation by Officer-in-Charge - Upon receipt of a CCAP Violation Report, the OIC will:
 - e. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (§115.278[f])
 - g. The "facility may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. (§115.278[e])
 10. The sanction(s) (see below) assessed should be noted on the CCAP Violation Report.
 - a. In determining the appropriate sanction, consideration shall be given to the nature and circumstances of the violation committed, the offender's disciplinary history, and the sanction imposed for comparable violations committed by other offenders with similar histories. (4-ACRS-6C-04; §115.278[b])
 - b. Consideration shall be given to whether a mental disability or mental illness contributed to the offender's behavior when determining what type of sanction, if any, should be imposed. (§115.278[c])

Memorandums

The following are memorandums provided to the auditor from the Superintendent:

- "During the months of April through July 2020 Appalachian Detention Center/ACCAP did not have any disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case." Dated: August 1, 2020
- "During the first period audit quarter 2020, Appalachian CCAP had no disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case." Dated: March 31, 2020
- "During the fourth period audit quarter 2019, Appalachian Detention Center/ACCAP had no disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case." Dated: December 31, 2019
- "During the third period audit quarter 2019, Appalachian CCAP had no disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case." Dated: September 31, 2019

- “During the second period audit quarter 2019, Appalachian CCAP had no disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case.” Dated June 30, 2019
- “During the first period audit quarter 2019, Appalachian CCAP had no disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case.” Dated: March 31, 2019

Comments:

With the facility not having sexual abuse/sexual harassment allegations, there has not been a need for sanctioning. However, if an allegation is brought, the facility would follow policy.

Offenders are not required to participate in counseling in order to have access to programming or employment.

Interviews with offenders showed that they are aware that ‘good faith’ reporting will not result in negative sanctions.

Note: The facility prohibits all sexual activity between offenders.

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

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.

Materials Reviewed:

OP 038.3
 OP 075.1
 OP 720.4
 OP 720.7
 OP 730.2
 Memorandums
 Interviews with Medical and Mental Health Staff
 Interview with Staff
 On-site visit

OP 038.3

IV. Response

B. Facility Staff Responsibilities

1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security staff member to respond to the report will be required to: (§115.64[a], §115.264[a])
 - a. Separate the alleged victim and abuser to ensure the victim's safety. (§115.82[b], §115.282[b])

- 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 victims 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. (§115.64[b], §115.82[b], §115.264[b], §115.282[b])
- i. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, the OIC must immediately notify the facilities designated medical and mental health practitioner. (§115.82[b], §115.282[b])

OP 075.1

This policy is marked: "Unauthorized dissemination, printing, or copying is prohibited."

The policy addresses an element of the Sexual Assault Response Checklist.

OP 720.4

15. Emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

OP 720.7

B. Access to emergency medical services

1. Offender victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment (see Nursing Evaluation Tool - Sexual Assaults). (§115.82[a], §115.282[a])
2. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. (§115.82[b], §115.282[b])
3. Offender victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (§115.82[c], §115.282[c])
4. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.282[d])

OP 730.2

- c. QMHPs may be made aware of the incident or alleged incident from Health Services staff, investigators, a Mental Health Clinical Supervisor, directly from the offender, offender family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a])
 - i. If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the QMHP will immediately notify the facility Medical Department unless the referral is from Medical.
 - ii. The QMHP will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the offender is unavailable, e.g., hospitalized).

Memorandums

The following memorandums have been provided by the Superintendent to the auditor:

- “During the months of April through July 2020, there were no reports of a detainee housed at Appalachian Detention Center/ ACCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, Appalachian Detention Center/ ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian Detention Center/ACCAP, Ballard Health Russell County Hospital will be contacted and a SANE will travel to the facility and perform the exam on site. The SANE services will be available 24/7.

Also, a qualified mental health staff is employed by Appalachian Detention Center/ ACCAP and would provide these services at Appalachian Detention Center/ACCAP.” Dated: August 1, 2020

The following memorandum was provided for each month from March 2019 through March 2020:

- “During the month of , there were no reports of a detainee housed at Appalachian Detention Center/ ACCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, Appalachian Detention Center/ACCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff’s actions.

The Virginia Department of Corrections has entered into a Memorandum of Understanding with Ballard Health Russell County Hospital for Sexual Assault Nurse Examiner (SANE) services. If a sexual assault examination needs to be conducted on a detainee that is housed at Appalachian Detention Center/ACCAP, Ballard Health Russell County Hospital will be contacted and a SANE will travel to the facility and perform the exam on site. The SANE services will be available 24/7.

Also, a qualified mental health staff is employed by Appalachian Detention Center/ ACCAP and would provide these services at Appalachian Detention Center/ACCAP.”

Comments:

Interviews showed that a SANE forensic examiner would arrive at the facility to conduct the forensic examination. (See comments regarding the SANE interview earlier in this report). Probationers would receive all information, treatment, and counseling without cost.

Mental Health evaluations are provided to perpetrators/abusers within sixty (60) of learning of their history.

Note: The facility does not house female offenders.

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 § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) 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)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes 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.

Materials Reviewed:

OP 720.1
OP 720.4
OP 720.7
OP 730.2
Memorandums
Interview with Medical and Mental Health Staff
Site Visit

OP 720.1

- c. Offenders who are pregnant as a result of sexually abusive vaginal penetration while incarcerated will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[e], §115.283[e])

OP 720.4

15. Emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

OP 720.7**H. Ongoing medical and mental health care for sexual abuse victims and abusers**

1. The facility will offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. (§115.83[a], §115.283[a])
2. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (§115.83[b], §115.283[b])
3. The facility will provide such victims with medical and mental health services consistent with the community level of care. (§115.83[c], §115.283[c])
4. Offender victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. (§115.83[d], §115.283[d])
5. If pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[e], §115.283[e])
6. Offender victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. (§115.83[f], §115.283[f])
7. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.83[g], §115.283[g])

OP 730.2

- ii. QMHPs will attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate. (§115.83[h], §115.283[h])
 - (a) Other than routine monitoring (e.g., in Restrictive Housing Unit), mental health services are not automatically offered to the alleged/founded perpetrator of the sexual assault.
 - (b) If mental health services are provided, e.g., if the alleged/founded perpetrator requests such services, a QMHP other than the QMHP who assessed and/or provided services to the alleged/founded victim of the assault should follow up.
- c. QMHPs may be made aware of the incident or alleged incident from Health Services staff, investigators, a Mental Health Clinical Supervisor, directly from the offender, offender family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a])

- i. If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the QMHP will immediately notify the facility Medical Department unless the referral is from Medical.
 - ii. The QMHP will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the offender is unavailable, e.g., hospitalized).
 - (a) The evaluation and treatment of the victim will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (§115.83[b], §115.283[b])
 - (b) The QMHP should offer services and based on the offender's mental and physical status, set an initial time as soon as possible to meet with the offender.
 - (c) If, prior to seeing the offender, the QMHP learns that the offender has been transported to another DOC facility, the QMHP will contact the Senior QMHP at the receiving facility to ensure follow up.
 - iii. If indicated, the examining QMHP will offer the offender information on ways to avoid or reduce the probability of sexual victimization to include providing the offender a copy of the *Zero Tolerance for Sexual Abuse and Sexual Harassment* attachment to Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
 - iv. The QMHP will conduct a *Sexual Assault Assessment 730_F25* and recommend subsequent services as indicated. The *Sexual Assault Assessment* may be conducted by any QMHP identified by their immediate supervisor as competent to conduct such assessments. (§115.83[a], §115.283[a])
- e. Results of the *Sexual Assault Assessment* will determine the nature and extent of recommended follow-up mental health services offered to the offender. §115.83[a], §115.283[a])
- i. The QMHP provides victims with follow up mental health services consistent with the community level of care. (§115.83[c], §115.283[c])
 - ii. If the offender refuses recommended follow up services, the QMHP will advise the offender that they can change their mind at any time and that the QMHP will check back with them (within a week) to monitor their status.
 - iii. If the offender agrees to accept services, the QMHP will follow up and provide services to the offender as deemed appropriate.

Memorandums

Provided to the auditor by the Superintendent are the following memorandums:

- “During the months of April through July 2020, there were no reports of an offender housed at Appalachian CCAP being sexually assaulted which required access to emergency medical and mental health services.” Dated: August 1, 2020
- “During the first period audit quarter of 2020, there were no reports of an offender housed at Appalachian CCAP being sexually assaulted which required access to emergency medical and mental health services.” Dated: March 31, 2020
- “During the fourth quarter of 2019, there were no reports of an offender housed at Appalachian CCAP being sexually assaulted which required access to emergency medical and mental health services.” Dated: December 31, 2019
- “During the third period audit quarter of 2019, there were no reports of an offender housed at Appalachian CCAP being sexually assaulted which required access to emergency medical and mental health services.” Dated: September 30, 2019

- “During the second period audit quarter of 2019, there were no reports of an offender housed at Appalachian CCAP being sexually assaulted which required access to emergency medical and mental health services.” Dated: June 30, 2019

Comments:

The facility houses males only.

Probation victims would receive all information, treatment, aftercare, and counseling without cost.

Mental Health evaluations are provided to perpetrators/abusers within sixty (60) of learning of their history.

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 §§ 115.286(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

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.

Materials Reviewed:

OP 038.1

OP 038.3

Interview with Superintendent

Interview with PREA Compliance Manager

Interview with Incident Review Team Members

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0

OP 038.1

H. Review of Incidents

1. Incident Types for Review

- c. A sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. (§115.86[a], §115.286[a])

2. Conduct of Review: (§115.86[d], §115.286[d])

- a. The Review Team should consist of at least 2 DOC employees designated by the Unit Head.
- b. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from the PREA Compliance Manager, line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. (§115.86[c])

5. Report of Incident Review 038_F3 and PREA Report of Incident Review 038_F11 (§115.86[d(6)], §115.286[d(6)])

- a. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed
- b. Provide an analysis of the causal factors and contributing circumstances
 - i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility. (§115.86[d(2)], §115.286[d(2)])
 - ii. Assess the adequacy of staffing in that area during different shifts. (§115.86[d(4)], §115.286[d(4)])
 - iii. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (§115.86[d(5)], §115.286[d(5)])
- c. Determine what can be done to limit the occurrence or reduce the severity of future incidents; consider whether there was a proper application of current procedure, practice, staffing and/ or training; or whether there is a need to revise the current procedure, practice, staffing, and/ or training. (§115.86[d(1)], §115.286[d(1)])
- d. Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement or shall document its reasons for not doing so. (§115.86[e], §115.286[e])
- e. Submit to the Regional Office for review by the Regional Administrator and/or Regional Operations Chief. A copy of all PREA Report of Incident Reviews for sexual abuse and sexual harassment shall be submitted to the Regional PREA Analyst as provided in Operating Procedure 038.3, Prison Rape Elimination Act (PREA). (§115.86[d(6)], §115.286[d(6)])

OP 038.3

- a. A sexual abuse incident review will be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. (See Operating Procedure 038.1, Reporting Serious or Unusual Incidents.) (§115.86[a], §115.286[a])

- i. Sexual abuse incident reviews will be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation is determined to be substantiated
 - ii. Sexual abuse incident reviews must be completed within 14 calendar days of completion of the investigation and will be documented on a PREA Report of Incident Review 038_F11.
 - iii. If the PREA Report of Incident Review 038_F11 will not be completed within 14 calendar days, the PREA Compliance Manager must notify the Regional PREA Analyst.
- b. The PREA Compliance Manager will submit the completed PREA Report of Incident Review 038_F11 to the Regional Office. Prior to submission to the Regional Office, the Incident Review must be forwarded to the Regional PREA Analyst for review and approval.

Memorandums

The following memorandums were received by the audit from the Superintendent:

- “During the months of April through July 2020, there were no allegations of sexual abuse or sexual harassment reported at Appalachian CCAP so there were no Incident Reviews required.”
Dated: August 1, 2020
- “During the first period audit quarter of 2020 there were no allegations of sexual abuse or sexual harassment reported at Appalachian CCAP so there were no Incident Reviews required.”
Dated: March 31, 2020
- “During the fourth period audit quarter of 2019, there were no allegations of sexual abuse or sexual harassment reported at Appalachian Detention Center/ACCAP so there were no Incident Reviews required.” Dated: December 31, 2019
- “During the third period audit quarter of 2019, there were no allegations of sexual abuse or sexual harassment reported at Appalachian CCAP so there were no Incident Reviews required.”
Dated: September 30, 2019
- “During the second period audit quarter of 2019, there were no allegations of sexual abuse or sexual harassment reported at Appalachian CCAP so there were no Incident Reviews required.”
Dated: June 30, 2019
- “During the first period audit quarter of 2019, there were no allegations of sexual abuse or sexual harassment reported at Appalachian CCAP so there were no Incident Reviews required.”
Dated: March 31, 2019

Comments:

Sexual abuse incident reviews must be completed within 14 calendar days of completion of the investigation and will be documented on a PREA Report of Incident Review.

Although the facility has not initiated an Incident Review meeting, those team members who were interviewed were able to share the key points noted in this standard.

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*)
- 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.

Materials Reviewed:

- OP 038.3
- Annual Reports 2014 – 2019
- BJS Survey 2014 – 2018
- Agency Website
- Interview with PREA Analyst

OP 038.3

VIII. Data Collection

- A. The DOC collects accurate, uniform data on every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (§115.87[a], §115.287[a])
 - 1. The agency aggregates the incident-based sexual abuse data at least annually. (§115.87[b], §115.287[b])
 - 2. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (§115.87[c], §115.287[c])
 - 3. The DOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. §115.87[d], §115.287[d])
 - 4. Incident-based and aggregated data is collected from every private facility with which with the DOC contracts for the confinement of offenders. (§115.87[e], §115.287[e])
 - 5. Upon request, all such data from the previous calendar year will be provided to the Department of Justice no later than June 30. (§115.87[f], §115.287[f])

Annual Reports 2014 – 2018

The facility provided the auditor yearly reports showing the ‘Offender-on-Offender Nonconsensual Sexual Acts’, ‘Offender – on- Offender Abusive Sexual Acts’, ‘Offender – on- Offender Sexual Harassment’, ‘Staff Sexual Misconduct’, ‘Staff Sexual Harassment’, Summary and Comparison.

The following is the statewide results of the findings:

Offender-on-Offender Nonconsensual Sexual Acts’

	<u>2017</u>	<u>2018</u>	<u>2019</u>
Substantiated	1	0	3
Unsubstantiated	11	6	9
Unfounded	2	3	5
Investigation Ongoing	7	7	4

‘Offender – on- Offender Abusive Sexual Acts’

	<u>2017</u>	<u>2018</u>	<u>2019</u>
Substantiated	1	3	3
Unsubstantiated	20	28	20

Unfounded	14	11	14
Investigation Ongoing	6	10	3
'Offender – on- Offender Sexual Harassment'			
	<u>2017</u>	<u>2018</u>	<u>2019</u>
Substantiated	7	3	7
Unsubstantiated	63	99	134
Unfounded	40	44	53
Investigation Ongoing	5	8	9
'Staff Sexual Misconduct'			
	<u>2017</u>	<u>2018</u>	<u>2019</u>
Substantiated	2	1	0
Unsubstantiated	10	23	14
Unfounded	29	17	21
Investigation Ongoing	13	8	3
'Staff Sexual Harassment'			
	<u>2017</u>	<u>2018</u>	<u>2019</u>
Substantiated	4	2	5
Unsubstantiated	74	102	98
Unfounded	127	119	109
Investigation Ongoing	34	39	21

Corrective Actions 2019: "A window in the gym office door, a window in the probation office doors, and four cameras (one in the stairway going to kitchen prep area, one in the dish room, one in dry storage, and one in the kitchen).

BJS Survey 2014 – 2018

The facility provided copies of the surveys for the years noted.

Comments:

The items listed in the Corrective Action for 2019 have been completed.

Reports/data can be found on the agency website.

The PREA Analyst collects data from the facility throughout the year.

The yearly report of the Department does not break down the PREA related data by facility but does include a corrective action statement for each facility.

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*)
- 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.

Materials Reviewed:

OP 038.3

Annual Reports 2014 – 2018

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Interview with PREA Analyst

OP 038.3

B. Data Review for Corrective Action

1. The DOC reviews collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by: (§115.88[a], §115.288[a])
 - a. Identifying problem areas
 - b. Taking corrective action on an ongoing basis
 - c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole
2. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the DOC's progress in addressing sexual abuse. (§115.88[b], §115.288[b])
 - a. The report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC Public website. (§115.88[c], §115.288[c])
 - b. Specific material may be redacted from the reports when publication of the material would present a clear and specific threat to the safety and security of a facility. If material is redacted, the report must indicate the nature of the redacted material. (§115.88[d], §115.288[d])

Annual Reports 2014 – 2018

See prior standard.

Comments:

The annual report is posted on the Department Website after approval of the PREA Coordinator and the Department Director. No personal identifiers are included in the report.

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 § 115.287 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

- 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.

Materials Reviewed:

OP 038.3

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Website

Historical Data

OP 038.3

2. All data collected on allegations of sexual abuse at DOC facilities must securely retained. (§115.89[a], §115.289[a])
 - a. Aggregated sexual abuse data, from DOC facilities and contract facilities, will be made readily available to the public at least annually through the DOC Public website. (§115.89[b], §115.289[b])
 - b. Before making aggregated sexual abuse data publicly available, all personal identifiers must be removed. (§115.89[c], §115.289[c])
3. 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. (§115.89[d], §115.289[d])

Comments:

All information is secured and kept as required by policy. Annual reports are placed on the Departments website with reports containing no identifiable information.

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? 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

- 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.

The auditor was able to view all areas of the facility, talk to whoever she requested and see whatever paperwork she identified.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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

- 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.

Audits are able to be viewed on the Department's website.

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.

Darlene M. Baugh

November 2, 2020

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.