

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

Interim       Final

Date of Report    December 21, 2020

### Auditor Information

<b>Name:</b> Alton Baskerville	<b>Email:</b> abville42@aol.com
<b>Company Name:</b> AB Management and Consulting LLC	
<b>Mailing Address:</b> 2310 Victoria Crossing Lane	<b>City, State, Zip:</b> Midlothian, VA 23113
<b>Telephone:</b> 804.980.63479	<b>Date of Facility Visit:</b> November 17, 2020

### Agency Information

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

### Agency Chief Executive Officer

<b>Name:</b> Harold Clarke, Director	
<b>Email:</b> harold.clarke@vadoc.virginia.gov	<b>Telephone:</b> 804-887-8081

### Agency-Wide PREA Coordinator

<b>Name:</b> Rose Durbin, PREA/ADA Supervisor	
<b>Email:</b> rose.durbin@vadoc.virginia.gov	<b>Telephone:</b> 804-887-7921
<b>PREA Coordinator Reports to:</b> Jermiah Fitz, Corrections Operations Administrator	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 3 Regional PREA/ADA Analysts, 40 PREA Compliance Managers report to the Analysts

## Facility Information

**Name of Facility:** Stafford Community Corrections Alternative Program (SCCAP)

**Physical Address:** 384 Eskimo Hill Road      **City, State, Zip:** Stafford, VA 22554

**Mailing Address (if different from above):**  
Click or tap here to enter text.      **City, State, Zip:** Click or tap here to enter text.

<b>The Facility Is:</b>	<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:** <https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/>

**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:** Paul J. Rice, Jr.

**Email:** Paul.Rice@vadoc.virginia.gov      **Telephone:** 540-658-3173

### Facility PREA Compliance Manager

**Name:** Christa E. Holbrook

**Email:** Christa.Holbrook@vadoc.virginia.gov      **Telephone:** 540-658-3180

### Facility Health Service Administrator N/A

**Name:** [Click or tap here to enter text.](#)

**Email:** [Click or tap here to enter text.](#)      **Telephone:** [Click or tap here to enter text.](#)

### Facility Characteristics

Designated Facility Capacity:	120	
Current Population of Facility:	0	
Average daily population for the past 12 months:	56	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-70	
Average length of stay or time under supervision	81.8 days	
Facility security levels/resident custody levels	CCAP-Community Corrections Facility	
Number of residents admitted to facility during the past 12 months	489	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	480	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	334	
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	
<p><b>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):</b></p>	<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: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	45	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	

Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></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>	17
<p><b>Number of resident housing units:</b></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>	4
Number of single resident cells, rooms, or other enclosures:	2
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

<b>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:</b>	1
<b>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.</b>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<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: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

#### Administrative Investigations

<b>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?</b>	1
<b>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</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<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: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

*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.*

On September 26, 2020, the Pre-Audit Notification was sent to Stafford Community Corrections Alternative Program (SCCAP) to be posted throughout the facility. On September 28, 2020, the PREA notices were posted on bulletin boards throughout the center where offenders, staff and visitors could view the notices. The notifications will remain posted at least six weeks after the onsite audit. On October 26, 2020, I received electronics files from SCCAP which included the Pre-Audit Questionnaire, operating procedures, organizational charts, and other PREA related information. I received no PREA complaints from offenders prior to the onsite visit. On November 17, 2020, staff rosters and offender bed logs were provided and selection of offenders and staff was made at the beginning of the onsite visit. The onsite audit was completed on November 17, 2020.

The audit team, Phyllis Baskerville and I arrived at Stafford Community Corrections Alternative Program on November 17, 2020 at 7:45 AM. We met with Superintendent Paul Rice, Joseph Allotey, Regional PREA Analyst, Christa Holbrook, PREA Compliance Manager, and key center staff in the Superintendent's office. Superintendent Rice introduced his staff to the audit team. We introduced ourselves and shared the audit schedule, expectations and purpose for the audit. After the entry meeting, I began a tour of the Center along with Superintendent Rice, and other key members of the staff. Auditor Phyllis Baskerville began interviewing random residents and random security staff. There were 26 residents assigned to the center on the first day of the audit.

During the tour, I saw the PREA Notification letters posted throughout the prison. PREA posters in English and Spanish were posted in all the housing areas. PREA hot line numbers and instructions were posted on the walls in the dayrooms immediately near the telephones.

I spoke with offenders in all housing, program and work areas. The inmates communicated freely, and demonstrated knowledge of PREA requirements, specifically how to make notifications if needed. All areas appeared to be PREA compliant. There are cameras throughout the prison. Master control room officers are monitoring cameras throughout the course of a workday. Senior security staff have access to security cameras and video footage throughout the facility.

We spoke with members of the staff throughout the tour of the center. Staff were aware that the PREA audit team would be reviewing the center's practices and operations as related to PREA. They readily answered the auditor's questions and expressed knowledge of PREA policies and procedures. Announcements were made and logged prior to female staff entering the male housing areas. Supervisors regularly document when they make unannounced rounds and log them in the PREA logbooks.

Upon completion of the tour, we went to our assigned work areas. We began interviewing staff, offenders, and reviewing audit files and documentation. Eleven residents of various ages and ethnic backgrounds were interviewed. Residents interviewed represented all housing areas. There were no targeted residents identified at this center.

All residents demonstrated a solid understanding of the PREA program and their rights regarding preventing sexual abuse or sexual harassment. Additionally, most inmates indicated that they felt safe from sexual abuse or sexual harassment at SCCAP. Supporting documentation of a signed Preventing Sexual Abuse and Assault Training Acknowledgement form was supplied for all inmates interviewed. A random selection of six resident files were reviewed for intake screening within 72 hours of admission, identification of potential victim, potential aggressor and LGBTI, Reassessment within 30 days, and follow-up meeting with Medical/Mental Health staff. Inmate files reviewed were in compliance.

Five random staff and thirteen specialized staff were interviewed. Random staff interviewed represented all housing units, plus day and night shifts. The specialized staff included the Director, Agency Contract Administrator, Investigative staff, Superintendent, Intake staff, Higher-Level Facility staff, PREA Compliance Manager, PREA Coordinator, Designated staff member charged with monitoring retaliation, Contractor, Medical and Mental Health staff, Security and Non-Security Staff who have acted as first responders, Staff who perform screening for risk of victimization and abusiveness, Incident Review Team, and Human Resources Staff. All staff had received PREA training or refresher within the past 12 months. Staff were aware of PREA requirements and their duty to act immediately upon any PREA complaint or suspected violation. The auditor reviewed a sampling of employee personnel and training records. Auditor looked for performance of criminal record background checks, consideration of prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor who may have contact with inmates, and whether the center imposed upon employees a continuing affirmative duty to disclose any previous misconduct. The files reviewed were in compliance of standard [115.17]. In order to determine compliance with each standard, the auditor relied upon information in the DOPs, written memoranda, posts log entries, interviews of offenders and staff, and observations during the tour of the facility.

After concluding the onsite portion of the audit, the audit team held an exit meeting with Superintendent Rice, Regional PREA Coordinator, PREA Compliance Manager, and other key members of the executive team. We expressed our appreciation for the hospitality, cooperation, and timely assistance with inmate and staff interviews as well as unrestricted access to documents and files that were needed. The center was well run with experienced staff and good security practices.

We stated that the onsite portion of the audit went well. However; the team must complete the post-audit section of the audit in order to determine the final outcome of the audit. The audit report will be completed within 45 days of the onsite audit.

## 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.*

The Stafford Community Corrections Alternative Program (SCCAP) is located in historic Stafford County, Virginia, approximately 45 miles south of Washington D. C. The facility was constructed as a prison field unit in the 1950's, housing inmates who performed roadwork crew functions. The facility

was converted to a detention center in 1997 and finally converted to a CCAP in 2017. The facility sits on 140 acres, however, only approximately 25 acres are currently utilized.

The SCCAP's objective is to provide a structured program alternative for non-violent offenders who would otherwise be sentenced to incarceration when the courts determine they require more security or supervision than provided by intensive probation supervision.

Participants are required to attend a wide range of available education, treatment and work programs to address behaviors that led to their criminal convictions. After completing the required programming, offenders are provided an opportunity for a community job placement to pay court costs and fines, restitution, support and save for release. Program participants support the facility operation in the areas of housekeeping, food service and maintenance of the facility.

The referral to the CCAP is made after a new felony conviction or a probation or parole violation. The District Probation and Parole Officer submits a referral along with a Pre or Post Sentence report, medical and mental health screening form and substance abuse evaluation forms. The CCAP Referral Unit will evaluate the referrals and provide acceptance to those offenders that meet the eligibility and suitability criteria. They will also coordinate the intake dates at the facility to happen every other week. SCCAP receives offenders from the entire State of Virginia. History of murder, manslaughter, sexual assaults, robbery, malicious wounding, arson and carjacking can make an offender ineligible for the CCAP program.

Certain medical and mental health conditions may make an offender ineligible for the program if that condition would not allow the offender to participate fully in all parts of the program. Some of these conditions might include severe heart conditions, insulin dependent diabetics, recent mental health commitments, suicidal attempts, etc.

Offenders that participate in the Stafford CCAP are provided all necessary clothing and meals while also having the opportunity to provide for their own personal clothing and ordering food and hygiene items from the commissary. Indigent offenders will be provided with all personal hygiene items and free postage if needed, Stafford CCAP will provide the following programming to offenders based on their criminogenic needs identified by an assessment administered upon their arrival: Orientation, Decision Point Cognitive Program, Relapse Prevention, Offender Workforce Development, Adult Basic Education, Peer Support Groups, Journaling and Individual Counseling.

Volunteer groups do enter the facility to conduct AA and religious programming. However, there have not been any volunteers entering the Center since March due to the Coronavirus outbreak in the community. Offenders will also have processes in place to obtain the Birth Certificates, Social Security Cards and DMV identification prior to their release. Offenders have access to indoor leisure activities to include television, pool table, library, board games and access to telephones. Outdoor activities include weights, horseshoes, volleyball, softball, walking/running, etc.

Once offenders have completed the necessary orientation, they are reviewed by the Facility Review Committee for an appropriate work assignment in the community. Jobs in the community would include, various welding sites, millwork, factory production, greenhouses, etc. Several offenders at the facility will be placed to work at Stafford CCAP to assist state employees in the food service operation and facility maintenance. Offenders will also have the opportunity to work towards community service hours by working at the local landfill and food bank.

Fifteen percent (15%) of all wages earned by offenders are applied to court costs, fines and restitution. For offenders that are working in the community, they pay \$12 per day room and board and additional

\$1 per day transportation to and from their work sites. All offenders that successfully complete the CCAP will have a discharge summary completed documenting their approved home plan, Probation and Parole reporting instructions and all documentation to show program completion.

## 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: 0

List of Standards Exceeded: Click or tap here to enter text.

### Standards Met

Number of Standards Met: 41

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

## REVENTION 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. (5-3D4281-6; 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 October 20, 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 October 20, 2020**

This memorandum from Superintendent Paul Rice states: “Stafford 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 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: 56

The average daily number of residents on which the staffing plan was predicated: 56

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 April 2019 through July 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 Paul Rice, Superintendent to George Hinkle, Central Region Operations Chief dated January 23, 2019:

Stafford Community Corrections Alternative Program's (SCCAP) current staffing plan was reviewed to see if it was sufficient to meet the requirements of PREA Standard 115.213. The current Post Audit was approved in June of 2017 with an Authorized 30 Security Full Time Employees (FTEs). The following issues have been identified as reasons for deviations from the Staffing Plan.

1. Vacancies in the security operation
2. Stafford Community Corrections Alternative Program provides transportation to Cold Springs, Harrisonburg and Appalachian Detention and Diversion Centers every two weeks.
3. Security Staff are mandated to work at other facilities due to their staff shortage.
4. Mandated 40 hour a week in-service and other ad hoc training, vacations and day-to-day call-ins

SCCAP is doing the following to address deviations from the staffing plan:

1. Working actively on filling all security positions at the facility. At this time, the only security vacancy at the facility is (1) Corrections Officer. This is an improvement over last year and plans are in place to fill this position.
2. SCCAP will continue to meet with the other CCAP facilities to discuss alternate solutions to transportation runs.
3. Stafford completed their camera installment in the Spring of 2018. This has assisted in monitoring offenders and staff as well as any needed investigation.
4. Critical posts are staffed with the use of overtime and the cancellation of non-mandated training.

#### Drafting Procedure at SCCAP:

During the last year, SCCAP has not had to implement a draft to meet the security needs of the facility. In the event that SCCAP were to have to implement a draft to meet security needs, it would be done in the following manner:

- That Shift Commander will post a staff rotation of officers to be drafted.
- The rotation will be done in a manner that every officer on that shift will have to be drafted, before an officer is drafted again.
- Staff will not be drafted for longer than four hours.
- Staff will be informed at the earliest opportunity of them being drafted.
- Staff will be permitted to make necessary notifications of their changed schedule.
- Staff are permitted to switch in the draft rotation if it is approved by the Shift Commander.

This Staffing Plan Review is also the review plan for SCCAP's Drafting Procedure. It will be reviewed on an annual basis to ensure the protocol for deployment of staff is current.

**2020 Staffing Plan Memorandum with Post Audit** The following is an excerpt from the memorandum from Paul Rice, Superintendent to George Hinkle, Central Region Operations Chief dated January 8, 2020:

Stafford Community Corrections Alternative Program's (SCCAP) current staffing plan was reviewed to see if it was sufficient to meet the requirements of PREA Standard 115.213. The current Post Audit was approved on July 25, 2019 with an authorized 30 Security Full Time Employees (FTEs). The following issues have been identified as reasons for deviations from the Staffing Plan:

1. Vacancies in the security operation
2. Stafford Community Corrections Alternative Program (SCCAP) provides transportation to Cold Springs, Harrisonburg and Stafford CCAPs every two weeks.
3. Security Staff are mandated to work at other facilities due to their staff shortage.

4. Mandated 40 hour a week in-service and other ad hoc training, vacations and day-to-day call-ins.

SCCAP is doing the following to address deviations from the staffing plan:

1. Working actively on filling all security positions at the facility. At this time, the only security vacancy at the facility is (1) Corrections Officer. This is the same as last year and plans are in place to fill this position.
2. SCCAP will continue to meet with the other CCAP facilities to discuss alternate solutions to transportation runs.
3. Stafford completed their camera installment in the Spring of 2018. This has assisted in monitoring offenders and staff as well as any needed investigations.
4. Critical posts are staffed with the use of overtime and the cancellation of non-mandated training.

Drafting Procedure at SCCAP:

During the last year, SCCAP has not had to implement a draft to meet the security needs of the facility. In the event that SCCAP were to have to implement a draft to meet security needs, it would be done in the following manner:

- That Shift Commander will post a staff rotation of officers to be drafted.
- The rotation will be done in a manner that every officer on that shift will have to be drafted, before an officer is drafted again.
- Staff will not be drafted for longer than four hours.
- Staff will be informed at the earliest opportunity of them being drafted.
- Staff will be permitted to make necessary notifications of their changed schedule.
- Staff are permitted to switch in the draft rotation if it is approved by the Shift Commander.

This Staffing Plan Review is also the review plan for SCCAP's Drafting Procedure. It will be reviewed on an annual basis to ensure the protocol for deployment of staff is current.

**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 October 20, 2020 stating “During the months of March 2019 – August 2020, Stafford Community Corrections Alternative Program (SCCAP) did not have anyone in Orientation but did have staff participating in In-service Training.”

**Memorandum regarding Strip Searches**

A Memorandum addressing strip searches was provided to the auditor from the Superintendent dated October 20, 2020 stating “During the months of March 2019 – August 2020, Stafford CCAP has never conducted a strip search of an offender for the sole purpose of determining the gender of the offender.”

**Comments:**

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  
 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)

- 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.

### **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 October 20, 2020 regarding Disabilities reads "Stafford Community Corrections Alternative Program did not house any offenders that were deaf, hearing impaired or had a disability or intellectual capability that required additional assistance understanding PREA information/training/orientation.

## Comments:

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## 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  
Memorandums  
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: (7)

#### 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: (1)

#### OP 102.2

##### 5. Eligibility

- 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])
- 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);

- 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
- 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
- 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])
- 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**

- 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])
    - 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)
    - 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
    - Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. (§115.17[g], §115.217[g])
  - 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])

**Volunteer Approval List**

This report includes the volunteer's name, and approval date the person approving the list.

**Memorandums**

The facility provided a memorandum to the auditor from the Superintendent "During the audit period from March 2019 – August 2020, Stafford CCAP only uses contractors as needed, of which all are on the statewide approved contractor list. All contractors review PREA information and sign forms prior to entering the facility".

**Applications**

Seven (7) Applications were provided for the following dates: April 2019 – March 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?

**Comments:**

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the agency/facility meets the above standard.

## 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**

2. 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])
3. 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 memorandum were provided by the Superintendent to the auditor:

October 20, 2020: “Stafford Community Corrections Alternative Program purchased a new PTZ Camera that has not been installed. The camera is on site in stock to be installed when needed. A purchase order was uploaded from Tyto Athene, LLC.

**Comments:**

The auditor observed cameras in all the main housing and program areas. These cameras are being monitored by main control room and key supervisory staff. SCCAP is in compliance with this standard.

**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**

6. Evidence Protocol and Forensic Medical Examinations

- 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])
- 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])
- 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])
- 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**

- 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])
    - 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.
    - 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])
    - 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**

- 15. 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)
  - a. 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])

- 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 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 March 19, 2020, 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 July 20, 2020, with a contract modification on March June 22, 2020 noting the name change to Ballard Health Business Health.

### **Victim Advocate Services Memorandums**

The following memorandum were written to the PREA Auditor from the facility Superintendent: "During the audit period of March 1, 2019 – August 31, 2020, Stafford CCAP has not received any allegations of sexual abuse. Therefore, no incidents have required services.

## Evidence Protocol and Forensic Medical Examinations

The number of forensic medical exams conducted during the past 12 months: (0)

The number of exams performed by SANEs/SAFEs during the past 12 months: (0)

The number of exams performed by a qualified medical practitioner during the past 12 months: (0)

### Comments:

Based on the information discovered in the agency's policies, observations made during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the agency/facility meets the above standard.

## 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 month of March 2019 – August 2020, Stafford CCAP did not have any allegations of Sexual abuse or sexual harassment.” Dated: October 20, 2020
- “During the month of March 2019 – August 2020, Stafford CCAP did not have any allegations/investigations referred to SIU.” Dated: October 20, 2020

### Comments:

SCCAP is in compliance with this standard based upon interviews with investigative staff, PREA Compliance Manager and review of relevant policies and procedures.

## 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: (45)

### 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.

## **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: (22)

#### 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.

## **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

*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 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: (489)

The number of residents transferred from a different community confinement facility during the past 12 months: (0)

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: (0)

### **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
    - vii. 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 October 20, 2020 stated: “During the months of March 2019 through August 2020, Stafford Community Corrections Alternative Program did not have any offender intakes due to the covid outbreak.”

**Comments:**

Probationers were consistent in their statements regarding the intake process at SCCAP. 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 forty-two (42) 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 three medical staff on "NIC Training for "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting".

### Comment:

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".

# 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: (480)

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: (480)

#### 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 September 2020**

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

**Comments:**

All assessments are comprehensive. Reassessments must be completed within 14 – 21 days. All assessments and reassessments were completed timely and appropriately.

**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  
Memorandum  
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 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.
  - d. The IPM or designated staff will refer the offender to QMHP for follow-up, as needed.
  - e. 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])

**Memorandum**

Provided to the auditor from the Superintendent was a memorandum dated October 20, 2020 stating: "During the first audit period March 2019 – August of 2020, Stafford CCAP did not have any offender identifying transgender or intersex. "

**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.

**Memorandums**

“During the month of March 2019-August 2020, there were no allegations reported: verbal, in writing, anonymous, or 3rd party of sexual abuse or sexual harassment at Stafford CCAP.” Dated: October 20, 2020

“During the months of March 2019 – August 2020, there were no allegations reported: verbal, in writing, anonymous, or yd party of sexual abuse or sexual harassment at Stafford CCAP.” Dated: October 20, 2020

**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. 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: (0)

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 March 2019 through August 2020, Stafford CCAP 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 October 20, 2020

**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*)<sup>2</sup>
- 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:

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 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])

## Memorandums

“During the audit period of March 2019 - August 2020, Stafford 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: October 20, 2020

“During the audit period of March 2019-August 2020, Stafford CCAP did not have any reports of sexual abuse or sexual harassment made verbally or in writing to DSS.” Dated: October 20, 2020

### Comments:

All staff interviews indicated that the importance of an immediate report of suspicion, knowledge or information was critical for investigation purposes. 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: (0)

The longest amount of time elapsed before taking action, if not immediate (please explain): (0)

**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 audit period of March 2019-August 2020, Stafford CCAP did not have any detainees determined to be subject to substantial risk of imminent sexual abuse. If SCCAP learns a detainee is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the detainee." Dated: October 20,2020

**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: (0)

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 audit period of March 2019 through August 2020, Stafford 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 Stafford CCAP.” Dated: August October 20, 2020

**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  
Stafford 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: (0)  
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: (0)

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

1. Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. (0)
2. 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. (0)
3. 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. (0)

### 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.

#### **Stafford 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 December 5, 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 memorandum dated October 20, 2020 was provided to the auditor from the Superintendent: "During the months of March 2019 through August 2020, there were no reports of a detainee housed at Stafford CCAP being sexually abused.

#### **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 – Stafford 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 – Stafford CCAP

The facility Checklist is a duplicate of the Department Checklist.

### Comments:

SCCAP is in compliance based upon interviews and review of relevant policies and procedures.

## 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 nonapplicable.

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

## 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

Memorandums

Interview with Superintendent

Interview with PREA Compliance Manager

Interview with Senior Probation Officer

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 dated October 20, 2020 was received. “During the audit period of March 2019 through August 2020, there were no allegations of sexual abuse reported at Stafford CCAP. No report of sexual harassment in which protective measures were taken.”

**Comments:**

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 complaints 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  
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[i])

### **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: "During this audit period of March 2019 -August 2020, there were no allegations of sexual harassment or sexual abuse reported at Stafford CCAP; therefore, no cases were referred to the SIU or for prosecution." Dated: October 20, 2020

### **SCCAP 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:**

SCCAP 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.

## **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 memorandum dated October 20, 2020 was provided to the PREA Auditor by the facility Superintendent: “During the audit period of March 2019-August 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.”

### 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 memorandum dated October 20, 2020 was provided to the auditor from the Superintendent: "During the months of March 2019 through August 2020, Stafford CCAP had received no allegations of sexual abuse or sexual harassment."

**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 memorandum dated October 20, 2020 was received by the auditor from the Superintendent: "During the months of March 2019 through August 2020, Stafford CCAP 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."

#### **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 it were to occur, policy would be followed.

### **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 memorandum dated October 20, 2020 to the auditor: “During the months of March 2019 through August 2020, Stafford CCAP did not have any allegations of sexual abuse or harassment involving a contractors or volunteer.”

**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 substantiated. 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

*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 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 861.2Offender 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 memorandum dated October 20,2020 was provided to the auditor from the Superintendent: "During the audit period of March 2019 through August 2020 Stafford CCAP did not have any disciplinary sanctions imposed on an offender due to offender-on-offender sexual abuse case."

**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. The facility prohibits all sexual activity between offenders.

<b>MEDICAL AND MENTAL CARE</b>
--------------------------------

## 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 memorandum was provided by the Superintendent to the auditor: "During the audit period of March 2019 through August 2020, there were no reports of a detainee housed at Stafford CCAP being sexually abused that required a forensic medical exam. If an incident of sexual abuse were to occur, Stafford CCAP has a PREA Response Plan and Sexual Assault Response Checklist in place to assist in coordinating staff's actions.

**Comments:**

Interviews showed that a SANE forensic examiner would arrive at the facility to conduct the forensic examination. 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.

**Memorandum**

Provided to the auditor by the Superintendent is the following memorandum dated October 20, 2020 :  
“During the months of March 2019 through August 2020, there were no reports of an offender housed at Stafford CCAP being sexually assaulted which required access to emergency medical and mental health services.”

**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 memorandum dated October 20, 2020 was received by the auditor from the Superintendent: “During the audit period of March 2019 through August 2020, there were no allegations of sexual abuse or sexual harassment reported at Stafford CCAP so there were no Incident Reviews required.”

**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.

**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.*

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 whomever he requested and see whatever documentation he 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alton Baskerville

December 21, 2020 , 2020

**Auditor Signature**

**Date**

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

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