

PREA Facility Audit Report: Final

Name of Facility: Brunswick Community Corrections Alternative Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/24/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Brian Sutherland | Date of Signature: 06/24/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------|
| Auditor name: | Sutherland, Brian |
| Email: | bcsuther@gmail.com |
| Start Date of On-Site Audit: | 04/05/2022 |
| End Date of On-Site Audit: | 04/06/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Brunswick Community Corrections Alternative Program |
| Facility physical address: | 1147 Planters Road, Lawrenceville, Virginia - 23868 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|--------------------------------|
| Name: | Joseph P. Owen |
| Email Address: | joseph.owen@vadoc.virginia.gov |
| Telephone Number: | 4348484131 |

| Facility Director | |
|--------------------------|--------------------------------|
| Name: | Joseph P. Owen |
| Email Address: | joseph.owen@vadoc.virginia.gov |
| Telephone Number: | 434-848-4131 |

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

| Facility Health Service Administrator On-Site | |
|---|-------------------------------------|
| Name: | Christy Washburn |
| Email Address: | christy.washburn@vadoc.virginia.gov |
| Telephone Number: | 434-848-1544 |

| Facility Characteristics | |
|---|---------|
| Designed facility capacity: | 150 |
| Current population of facility: | 31 |
| Average daily population for the past 12 months: | 42 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 20 - 60 |
| Facility security levels/resident custody levels: | CCAP |
| Number of staff currently employed at the facility who may have contact with residents: | 40 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 23 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|---|---|
| Name of agency: | Virginia Department of Corrections |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 6900 Atmore Drive, Richmond, Virginia - 23225 |
| Mailing Address: | P.O. Box 26963, Richmond, Virginia - 23261 |
| Telephone number: | 804-674-3000 |

| Agency Chief Executive Officer Information: | |
|---|----------------------------------|
| Name: | Harold Clarke |
| Email Address: | Harold.Clarke@vadoc.virginia.gov |
| Telephone Number: | 804-887-8080 |

| Agency-Wide PREA Coordinator Information | | | |
|--|----------------|-----------------------|-----------------------------------|
| Name: | Tammy Barbetto | Email Address: | tammy.barbetto@vadoc.virginia.gov |

| SUMMARY OF AUDIT FINDINGS |
|---------------------------|
|---------------------------|

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

| Number of standards exceeded: | |
|-------------------------------|--|
| 2 | <ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.212 - Contracting with other entities for the confinement of residents |
| Number of standards met: | |
| 39 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-04-05 |
| 2. End date of the onsite portion of the audit: | 2022-04-06 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Virginia Sexual and Domestic Violence Action Alliance Just Detention International |

AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity: | 150 |
| 15. Average daily population for the past 12 months: | 42 |
| 16. Number of inmate/resident/detainee housing units: | 2 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 28 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 3 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 2 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 1 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 1 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 1 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | The facility reported the following physical plant characteristics: 5 buildings, 2 housing units, 2 single cell units, 2 multiple occupancies, 2 open bay housing units, and no segregation cells. The facility does not house youthful offenders or females. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 43 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 7 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | The staff count on the first day of the audit was 43 and 7 contractors. No volunteers have been authorized to enter the facility in the past 12 months due to the COVID-19 Virus. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 7 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None |
| If "Other," describe: | Requested at random the fifth probate on the housing roster based on the selected criteria and include probates from all housing units. |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The auditor attempted to select probates from each housing unit to ensure the sample size demonstrated a diverse mix of the population. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The auditor was able to interview a sample of probates from all housing units as the facility was not experiencing a quarantine due to the effects of the COVID-19 Virus. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 4 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 3 |

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| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor conducted interviews with the medical staff, PREA Compliance Manager, random probate and staff interviews and could not identify a probate within this category. The facility could not produce a probate within this category and provided written documentation to support the findings.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor conducted interviews with the medical staff, PREA Compliance Manager, random probate and staff interviews and could not identify a probate within this category. The facility could not produce a probate within this category and provided written documentation to support the findings.</p> |

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| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 1 |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 1 |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The auditor conducted interviews with the staff that supervise housing, the facility PREA Compliance Manager, and facility Warden and all confirmed no probates have been housed in segregation for high-risk victimization in the past 12 months. During the on-site review the auditor verified the facility does not have a special housing area. Probationers requiring a segregated housing will be assigned to a single cell status. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | All interviews were conducted using COVID-19 safety protocols such as social distancing, both the auditor and interviewees wearing masks, and safety barriers. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 13 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |

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| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The random sample of staff included selecting the fifth staff member on the daily duty roster, utilizing staff availability, minimizing scheduling conflicts, and ensuring the samples were selected from all shifts. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 17 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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

| | |
|--|---|
| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>The interviews with the specialized staff attempted to assist the auditor to determine whether or not particular roles and responsibilities are being completed. No interviews were conducted with volunteers during the on-site review. The facility is prohibiting access for volunteers into the facility due to the effects of the COVID-19 Virus. Once the agency has lifted the restriction on access for volunteers to the facility, all volunteers will have to complete the biometric clearance process and PREA training before being allowed authorization into the facility.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>During the site review, the auditor verified the cross-gender presence of staff as announcements were made while entering the housing units. The auditor verified the use of the language line services, tested the outside reporting mechanisms, identified areas of signage that may need to be posted, received positive feedback from the Action Alliance victim advocate, and inspected all areas for blind spots and cross-gender viewing capabilities. The facility addressed concerns during the on-site review regarding third party signage being posted in the visitation areas and the information was added to the visitor handbook. Three probate interviews explained the program was excellent and one probate stated, "The program saved my life".</p> |
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Documentation Sampling

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

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| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

| | |
|---|---|
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>During the on-site review the auditor reviewed employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed employee training files for initial and annual PREA training. The auditor reviewed contract clearance documents, investigative files, and probate files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education. The auditor reviewed the intake packet for clarity and observed the intake and reassessment processes. The auditor observed the PREA video and reviewed all video monitoring equipment for cross-gender viewing.</p> |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | This facility reported no sexual abuse allegations reported in the past 12 months and the auditor verified this number during the on-site review. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

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| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |

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| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The auditor selected 1 investigative file to review during the onsite review as the facility reported only 1 allegation of staff sexual harassment in the past 12 months. The auditor attempted to verify this number during interviews with probates and staff. All requested information in this post audit review was not deemed essential when the audit process began.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
| <p>Non-certified Support Staff</p> | |

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

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

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

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| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.211 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure 038.3, Prison Rape Elimination Act (PREA) Procedures Manual, July 1, 2019 3. Brunswick Community Corrections Alternative Program Organizational Chart 4. Brunswick Community Corrections Alternative Program Operations Manager Position Description 5. Agency Organizational Chart 6. Agency PREA Coordinator Position Description 7. Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staff performing cross-gender announcements upon entry to all housing units. 2. Supervisory staff documenting unannounced security rounds in the post logs. 3. Signs and posters indicating zero tolerance posted throughout the facility. <p>Findings (By Provision):</p> <p>115.211 (a) - Agency PREA policy 038.3, page 3 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 038.3 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of probationers such as: architectural design, security supervision, video monitoring equipment, inmate orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.</p> <p>During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made over the loudspeaker and verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The annual report identified a corrective action process by the facility to add additional logbooks in the greenhouse and the programs trailer. The policy includes definitions of prohibited behaviors in policy 038.3, Glossary of Terms, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There are a total of 3 pages included within this policy as a complete glossary of terms.</p> |

Agency policy 135.2, Section III, page 5 explains the presumptive approach toward staff who engage in sexual abuse will be termination and prosecution referral. This agency policy describes the sanctions for staff, contractors, volunteers, and referrals to law enforcement. Agency policy 038.3, Section I, page 3 includes disciplinary sanctions for probationers found to have participated in all forms of sexual abuse, sexual harassment, and inappropriate physical contact.

Training is provided for all probationers, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor discussed the facility training plan with the PREA Compliance Manager and was explained the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy 038.3 provides information relating to employee, volunteer, contractor, and inmate training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs staff fulfill their responsibilities toward prevention, detection, reporting, and response procedures. All agency contractors and volunteers are required to review and sign upon receipt the document, A Guide to Maintaining Appropriate Boundaries with Offenders for Contractors and Volunteers of the Virginia Department of Corrections.

115.211 (b) - Policy 038.3, Section I, page 3, explains the agency employs an upper-level, agency wide PREA Coordinator, employs three regional analysts to provide direct supervision to all facilities in their region, and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Corrections Operations Manager, and this position is documented in the agency organizational chart as an upper-level Chief position. The auditor reviewed a signed position description by the Statewide PREA Coordinator, and this document was certified on October 22, 2020. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position, direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

Conclusion: Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed sufficient time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and truly knowledgeable. Interviews conducted with staff, probationers, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager was always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency and the facility continue to enhance their efforts toward PREA compliance by attending collaborative meetings with other states, and continuously developing new methods of documentation. Based on the evidence provided the auditor has determined the facility exceeds this standard and no further action is required.

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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.212 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1481 907" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure 038.3, Prison Rape Elimination Act (PREA) Procedures Manual, July 1, 2019 3. PREA Contract Compliance Monitoring Report, January 2021 to January 2022 4. Operating Procedure 260.1, Procurement of Goods and Services, June 1, 2019, page 10 5. Lawrenceville Correctional Center final PREA Audit Report, November 20, 2019 6. Agency Contract with GEO Corrections and Detention, LLC, and the Commonwealth of Virginia through its Department of Corrections, July 19, 2018, pages 1-81 <p data-bbox="240 996 352 1023">Interviews:</p> <ol data-bbox="240 1052 903 1193" style="list-style-type: none"> 1. Agency Contract Administrator 2. Agency PREA Coordinator 3. Brunswick Community Corrections Alternative Program Warden <p data-bbox="240 1283 464 1310">Findings by Provision:</p> <p data-bbox="240 1339 1489 1500">115.212 (a-c) Agency policy 038.3, Section I, page 4 describes, the Department shall include in any new contract or contract renewal for the housing of offenders with a private entity or other entities, including other government agencies, the entity's obligation to adopt and comply with the Prison Rape Elimination Act (PREA) Standards and the Department's policies related to PREA compliance. The agency Contract Monitor serves as the agency contract administrator and the interview with the agency PREA Coordinator indicated all contracts were renewed on July 19, 2018, will remain in effect for five years.</p> <p data-bbox="240 1529 1465 1657">The Brunswick Community Corrections Alternative Program does not contract with other entities for the confinement of probationers. The auditor confirmed this statement during the Contract Administrator and facility Warden interviews. Brunswick Community Corrections Alternative Program does not have any responsibility, separate from that on the agency level, to enter or maintain contracts for confinement of probationers with other agencies or jurisdictions.</p> <p data-bbox="240 1686 1489 2116">The Virginia Department of Corrections currently has one contract for confinement of its probationers with the GEO Corrections and Detention, LLC. The auditor reviewed the PREA Contract Compliance Monitoring Report for January 2021 to January 2022, confirmed PREA compliance is required within the contract. The agency performs status checks regarding the contract policy toward PREA and the current PREA Audit Report. The agency contract monitoring process is very impressive, and the requirements are documented in agency policy 260.1, Procurement of Goods and Services, page 10. The Correctional Services Contract Between GEO Corrections and Detention, LLC, and the Commonwealth of Virginia, Through its Department of Corrections, states, "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 PREA Audit Report – V5. Page 16 of 124 Lawrenceville Correctional Center 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. With respect to correctional education services, the Contractor shall also comply with applicable state and federal educational statutes, court orders, regulations, and policies, including, but not limited to those issued by the Virginia Department of Education."</p> |

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. Brunswick Community Corrections Alternative Program has not entered any contracts in the last 12 months for the confinement of probationers. The agency level does require all contract participants to comply with the PREA standards. The agency level of compliance monitoring exceeds the overall expectations of the standard as the agency has developed policy, procedure, and practice documentation and forms. The PAQ documentation provided an extensive amount of contract monitoring as the agency includes the PREA Audit Report, contract policies, and a monthly monitoring practice toward compliance. No further action is required for this standard and the auditor determined standard 115.212 exceeds the expectations.

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| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.213 Analysis</p> <p data-bbox="240 387 1026 414">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1313 929" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. 2021 Facility Staffing Plan, Post Audit, June 29, 2021 3. Agency policy 401.2, Security Staffing, January 1, 2020 4. Brunswick Community Corrections Alternative Program Annual PREA Staffing Review, January 13, 2022 5. Agency policy 401.1, Development and Maintenance of Post Orders, September 1, 2019 6. Daily Duty Rosters, 1st through 4th Quarter 2021 7. Facility Camera Listings, pages 1-2, December 17, 2021 <p data-bbox="240 1019 352 1046">Interviews:</p> <ol data-bbox="240 1075 703 1388" style="list-style-type: none"> 1. Facility Warden 2. Intermediate and Higher-Level Facility Staff 3. Agency PREA Coordinator 4. Facility PREA Compliance Manager 5. Informal Staff Interviews 6. Random Staff Interviews <p data-bbox="240 1478 512 1505">Site Review Observations:</p> <ol data-bbox="240 1534 1129 1624" style="list-style-type: none"> 1. Viewed video camera footage, monitors, and storage 2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries <p data-bbox="240 1713 483 1740">Findings (By Provision):</p> <p data-bbox="240 1769 1485 1993">115.213 (a) - The auditor conducted a review of the documented 2021 facility-staffing plan. Agency policy 401.2, Section VII, page 8, indicates security positions allocated are documented in the Post Audit report. The auditor reviewed the post audit report for June 2021 and these positions are broken down into the following classifications: Major = 1, Lieutenant = 7, Sergeant = 2, and 23 Officer positions. The Brunswick Community Corrections Alternative Program is currently operating with 33 security positions and 43 total staff. This includes 10 non-security positions and 33 security positions. The facility reported hiring 1 staff in the past 12 months and a total staff compliment to include all facility positions as 43 on the first day of the audit.</p> <p data-bbox="240 2022 1497 2150">The institutional staffing plan is reviewed annually by the facility PREA Compliance Manager, facility Warden, and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process that includes gender- based post assignments, staff audit teams, post reviews, roster reviews, corrections officer post assignment reports, and final administrative review. The auditor reviewed the Brunswick Community Corrections Alternative Program Annual PREA</p> |

Staffing Review signed by the PREA Coordinator. The auditor reviewed the daily operation data for the days during the on-site review and did not find any deviations within the staffing plan. All posts are currently filled by using overtime and staff are being recruited by other surrounding facilities on a rotational basis.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. Brunswick Community Corrections Alternative Program has exterior cameras that monitor the perimeter and key areas of the facility. There are 46 total cameras that are also Pan – Tilt – Zoom and fixed devices that are monitored from mandatory stations. The onsite review did not indicate any concerns with cross-gender monitoring. The facility has improved the video monitoring equipment with the recent upgrades and continues to invest opportunities for growth in the future.

The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Warden interview indicated the factors considered in the development of this staffing plan includes, accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the inmate population averaged 42 probationers and the facility staffing plan predicated to include 150 probationers.

115.213 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating no deviations within the staffing plan in the last 12 months. The agency developed the post audit that documents all security personnel, and which post staff members are assigned. The post audit is conducted every three years and the facility Warden confirmed each facility is required to submit a report annually. All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the shift supervisor shall document, in writing, and justify all deviations from the plan. The auditor reviewed no incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Warden indicated in the formal interview there are mandates within the policy that require every post to be filled.

115.213 (c) - Agency policy 401.2, Section VII, page 8 includes the PREA Coordinator Staffing Plan Review. This document must be submitted annually by the PREA Compliance Manager to the PREA Coordinator and reviewed annually by agency leadership. The PREA Coordinator and the facility Warden interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The regulations are established by the Regional Office and the Post Audit is conducted every three years. The result of the review includes considerations to enhance the sexual safety of the facility, the effects of video monitoring equipment, camera placements, and funding are all considerations discussed within the staffing plan review. The Warden confirmed no current litigation, and no federal mandates are currently present that may affect the sexual safety. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the staffing plan review submitted by the facility PREA Compliance Manager to the PREA Coordinator indicating Brunswick Community Corrections Alternative Program conducted their annual staffing plan review. This report included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities.

Conclusion: Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher-level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring. No further action is required by the facility.

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| 115.215 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.215 Analysis</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Responses to the Pre-Audit Questionnaire 2. Operating Procedure, 445.4, Screening and Searches of Persons, September 1, 2021, pages 16-17 3. Operating Procedure, 801.1, December 1, 2018, page 3 4. Lesson Plan, Searches, pages 1-14 5. Operating Procedure, 401.2, Security Staffing, January 1, 2020, page 7 6. Operating Procedure, 401.1, Development and Maintenance of Post Orders, September 1, 2019, page 4 7. Operating Procedure, 720.2, Medical Screening, Classification, and Levels of Care, October 1, 2020, page 8 8. Operating Procedure, 350.2, June 1, 2018, page 9 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Non-Medical Staff Involved in Strip Searches 2. Random Sample of Staff/Probationers = 13 Random Staff/7 Random Probationers 3. 1 Informal Staff, and 1 Informal Probationer Interviewed 4. Transgender/Intersex population = 0 Transgender on-site, 0 interviewed 5. 7 Random Probationer Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Confirmation of gender specific posts compared to the daily duty rosters. 2. Intake Risk Screening and Classification Review. 3. 0 - Transgender probationers observed during the on-site review 4. Opposite gender announcements entering housing units. <p>Findings (By Provision):</p> <p>115.215 (a) - Agency policy 445.4, page 16 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The Brunswick Community Corrections Alternative Program reported no cross-gender strip or visual body cavity searches were conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 13 random interviews with staff. As all 13 staff interviews advised the facility does not perform cross gender strip or visual body cavity searches. The auditor conducted 7 random interviews with probationers and several interviews indicated no cross gender strip or visual body cavity searches have been performed. The population advised female staff do not conduct strip searches of male probationers only the male staff. This information was also</p> |

confirmed during informal interviews with staff, and informal probationer interviews as the interviews confirmed the female staff are only allowed to perform pat searches.

During the on-site review, the auditor received notice no probationers currently housed at Brunswick Community Corrections Alternative Program that identifies as a transgender female. The auditor was unable to interview probationers that identify as transgender and confirmed the facility approves a strip search deviation for female staff to conduct the strip search. This was confirmed by the agency PREA Coordinator. One probationer interview indicated the facility staff are very respectful. They allow the purchase of female products on commissary and do not prohibit the wearing of female undergarments.

Agency policy 445.4, page 15 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and approved by the Shift Commander, and the Regional PREA Analyst. The facility provides gender specific post assignments for required areas of the facility such as visitation strip searches, transportation strip searches, and intake. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted requirements. No discrepancies were noted by the Auditor during the on-site review. All facility posts are directed by the shift supervisors and gender specified within the respective areas.

115.215 (b) - The Brunswick Community Corrections Alternative Program is an all-male facility, and no female probationers were observed during the time of the audit. The facility reported no probationers that identify as a transgender female within the male population. The facility Warden confirmed this statement during the onsite review. No female probationers were observed by the auditor during the onsite review, and the facility website indicates Brunswick Community Corrections Alternative Program is an all-male facility.

115.215 (c) - Agency policy 445.4, page 15 requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of male probationers. Facility policy indicates the Strip Search Deviation Request form will be utilized when conducting cross-gender searches and must be approved in advance by the Shift Commander. The facility Warden confirmed this statement during the on-site review. The auditor confirmed no probationers that identify as transgender female have been approved the strip search deviation for female staff only to conduct the strip search. Interviews conducted with 1 informal probationer confirmed they have not been strip searched by a cross gender staff member.

115.215 (d) - Agency policy 801.1, page 3 explains probationers shall be able 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. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains and half walls for probationer privacy while performing sanitary functions. Informal interviews with 1 staff and 1 probationer indicated no concerns with viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross gender viewing in this capacity.

Agency policy 401.1, page 4 indicates a procedure for staff of the opposite gender to announce their presence when entering a probationers housing unit. This practice was observed throughout the facility site review as staff announced their presence and noted the response in the unit logbooks. The auditor reviewed logbook entries from January 2021 to December 2021 demonstrating this process.

Agency policy 720.2, page 8 forbids staff to examine probationers for the sole purpose of determining the genital status. This policy includes transgender and intersex probationers, and if the genital status is unknown, the information will be obtained during the probationer conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this through random staff and probationer interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all probationer information is utilized to ensure this process is adhered too. The agency policy 445.4, page 15 explains the department approach to working with transgender and intersex probationers. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population.

The facility developed a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: the probationer must complete the Strip Search Deviation Request form and this request must be approved by the Shift Commander and forwarded to the Regional PREA Analyst. The facility currently has no probationers that identify as transgender female with the strip search deviation approval. The probationers interviewed indicated approval with their housing considerations and satisfaction with the commissary program.

115.215 (f) - Agency policy 350.2, page 9 indicates all custody staff are trained to conduct proper pat down searches on probationers to include cross-gender searches. Brunswick Community Corrections Alternative Program facility describes the methods of conducting clothed searches, strip searches, body scanner screenings, and body cavity searches. The training curriculum consists of a lesson plan titled, "Search Procedure and Practice" and the auditor reviewed the entire 11 pages. This is a mandated training for all employees and the facility indicated all security staff have received the mandatory training in the last 12 months. Random interviews with 13 staff and 1 informal staff interview indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of

the hand to conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion: Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

| 115.216 | Residents with disabilities and residents who are limited English proficient |
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| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.216 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1342 757" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 038.3, Prison Rape Elimination Act, July 1, 2019, page 7 3. Spanish Offender Training Acknowledgement Form, September 1, 2017 4. Lion Bridge Global Solutions Language Line Contract, Propio, LLC, November 1, 2021, to October 31, 2022 <p data-bbox="240 846 352 873">Interviews:</p> <ol data-bbox="240 902 738 1272" style="list-style-type: none"> 1. Agency Head (Designee) 2. 3 Probationers with a Physical Disability 3. 1 Probationer with a Hearing Disability 4. 0 Probationers with Limited English Proficiency 5. 1 Probationer with Cognitive Disabilities 6. 13 Random Staff Interviews 7. 1 Informal Staff Interview <p data-bbox="240 1361 509 1388">Site Review Observations:</p> <ol data-bbox="240 1417 1246 1563" style="list-style-type: none"> 1. Sign Language Interpreter Service 2. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats 3. The unit phones are available with a TTY service and Spanish options <p data-bbox="240 1653 464 1680">Findings by Provision:</p> <p data-bbox="240 1709 1469 1865">115.216 (a) Agency policy 038.3, page 7 indicates the agency has established procedures to provide disabled probationers equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing probationers, blind or having low vision, probationers who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient.</p> <p data-bbox="240 1899 1477 2056">The Agency Head interview indicated the State has a contract to provide language line services, the facilities are required to post materials in both English and Spanish formats, there are braille options for the blind, a state contract for sign language services, and all PREA related materials are available in multiple languages. The auditor inspected the phone systems, and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.</p> <p data-bbox="240 2089 1469 2157">115.216 (b) The probationer handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 038.3, page 7 and indicate the following resources are available for the</p> |

probationers: closed captioning, large print material, reading of materials to probationers by staff, department translator lists, and the language line services. Probationers are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The facility advised using the language service in the past and the facility PREA Compliance Manager ensuring the PREA materials were provided in Spanish format.

115.216 (c) The facility provides interpreter services with a language line service known as Lion Bridge Global Solutions. This company also requires its interpreters to undergo a medical interpreter credentialing process. This service is available for probationers with limited reading skills in both English and Spanish. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. Staff training files reviewed indicated training received for managing probationers at risk of sexual abuse and identified the policy against using probate interpreters. The auditor interviewed 13 random staff, and most of the staff indicated the use of the language line to conduct interviews with limited English proficient probationers.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding probationers with disabilities or probationers with limited English proficiency having the ability to communicate effectively with staff, and be included in each facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an approach to accommodate steps to communicate effectively with probationers who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes the language line contract, and potential staff interpreter lists. The probationer and staff interviews did not indicate concerns regarding the use of probate interpreters, readers, or assistants during sexual abuse or sexual harassment investigations. The agency has a policy in a written format and the on-site review indicated the facility practice aligns with the written policy. The Agency head interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy.

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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.217 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1270 873" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 102.3, Background Investigation Program, page 6, November 1, 2020 3. Random Staff Personnel Files 4. Operating Procedure, 260.1, Procurement of Goods and Services, June 1, 2019, page 10-11 5. Operating Procedure, 102.2, Recruitment, Selection, and Appointment, page 7-8, December 1, 2019 6. Virginia Crime Information Network (VCIN), Employee and Contractor Lists <p data-bbox="240 963 352 990">Interviews:</p> <ol data-bbox="240 1019 576 1216" style="list-style-type: none"> 1. 1 Human Resource Staff 2. PREA Compliance Manager 3. 1 Informal Interviews with Staff 4. 1 Contract Staff Interviews <p data-bbox="240 1305 509 1332">Site Review Observations:</p> <ol data-bbox="240 1361 762 1503" style="list-style-type: none"> 1. Random Staff Personnel Files 2. Biometric Screening Equipment and Identification 3. 15 Contractor Background Screenings Confirmed <p data-bbox="240 1592 464 1619">Findings by Provision:</p> <p data-bbox="240 1648 1485 1877">115.217 (a) Agency policy 102.3, page 6 prohibits hiring or promoting anyone who may have contact with probationers and prohibits enlisting the services of any contractor who may have contact with probationers who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with 1 Human Resource staff member. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed staff personnel files that indicated a response to these PREA related questions.</p> <p data-bbox="240 1906 1485 2067">115.217 (b) Agency policy 102.2, pages 7-8 require the facility to 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 probationers. This was confirmed during the interview with 1 Human Resource staff member. The auditor reviewed staff personnel files indicating their signatures on the background release forms. All background checks were completed prior to offering employment.</p> <p data-bbox="240 2096 1437 2159">115.217 (c) The Virginia Department of Corrections agency policy 102.3 indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender</p> |

Registry screenings. These checks are completed prior to hiring new employees who may have contact with probationers, criminal background records checks and 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 is completed. The auditor spoke with the PREA Compliance Manager and determined 2 criminal background checks were completed in the past 12 months. These record checks were through the Virginia Crime Information Network (VCIN), and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.217 (d) The Pre-Audit questionnaire indicated 15 background checks were completed for staff covered under contracts for services that may have contact with probationers. This number was confirmed during the PREA Compliance Manager interview. The auditor reviewed background checks that were conducted for contracted services.

115.217 (e) Agency policy 102.3 indicates criminal background checks conducted on all current employees, volunteers, and contractors, at least every 5 years. This was confirmed during the 1 human resource staff interview. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the Virginia Crime Information Network. The auditor reviewed a complete spreadsheet of staff and contractors verifying the checks are completed every five years.

115.217 (f) All applicants and employees, who may have contact with probationers, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the 1 human resource staff member. The auditor reviewed staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.217 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy 102.2, page 7 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, staff personnel files were reviewed, and no issues determined regarding this practice.

115.217 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The PREA Compliance Manager provided documentation demonstrating a criminal history and driver history inspection was previously conducted for staff. The PREA Compliance Manager confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Conclusion: Based on the evidence reviewed by the auditor to include staff personnel files, interviews with 1 human resource staff, agency, and facility policy, contractor reviews, and 1 informal staff interview, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the safety of the probationers with qualified staff is impressive.

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.218 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses
2. Operating Procedure, 801.1, page 2, December 1, 2018
3. Installation Invoices for Upgrades, June 15, 2021
4. Facility Camera Listings

Interviews:

1. Agency Head Designee
2. Facility Warden
3. PREA Compliance Manager

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.218 (a) Agency policy 801.1, page 2 indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect probationers from sexual abuse. The facility Warden confirmed no substantial expansions were performed to the Brunswick Community Corrections Alternative Program facility within the last 12 months. The interview with the Agency Head Designee indicated the safety and privacy needs for probationers is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots are important.

115.218 (b) Agency policy 801.1, page 2 indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect probationers from sexual abuse. The facility supports the most recent video monitoring equipment design and consists of 46 cameras throughout the facility. This was confirmed by the facility PREA Compliance Manager interview and 1 informal staff interview with the staff that monitors the video recordings. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. The facility has 46 total cameras and the new installations have made a significant impact to monitoring the sexual safety of the facility.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout the facility. Each camera has a full DVR recording support, and all these modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The facility Warden indicated the facility is equipped with state-of-the-art video monitoring equipment and best practice recommendations in today's modern society. The auditor reviewed monthly meeting minutes indicating the PREA Compliance Manager participates in the discussion for future planning.

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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Standard 115.221 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 030.4, Special Investigations Unit, pages 12-13, November 1, 2021 3. Memorandum of Understanding (MOU) between the Virginia Department of Corrections and the Virginia Sexual and Domestic Action Alliance, pages 1-4, February 18, 2022 4. Investigations Matrix, 030.4 Attachment 1, October 1, 2018 5. Operating Procedure 030.1, Evidence Collection and Preservation, November 1, 2021, pages 4-8 6. Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2020, page 9 7. VCU Health Systems Forensic Nurse Examiner Regional Listing Document 8. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 13, July 1, 2019 9. Operating Procedure, 730.2, MHWS: Screening, Assessment and Classification, page 12, June 1, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 13 Random Staff 2. Sexual Assault Nurse Examiner 3. PREA Compliance Manager 4. 1 Probationer who Reported Sexual Abuse 5. Virginia Sexual and Domestic Action Alliance (Victim Advocate) 6. 1 Informal Staff Interview <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Virginia Sexual and Domestic Action Alliance, mailing address posted in all living units 2. Third party reporting posters and zero tolerance posted in all living units <p>Findings by Provision:</p> <p>115.221 (a) The Brunswick Community Corrections Alternative Program utilizes the facility trained PREA investigators for conducting initial administrative sexual abuse and sexual harassment investigations, and the agency Special Investigations Unit will be notified along with the PREA Analyst for continuing the investigations for administrative action and completing the criminal abuse or harassment investigations. The Special Investigations Unit (SIU) utilizes a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. Agency policy 030.4 and 030.1 explains the uniform evidence protocol required for the facility.</p> <p>The Shift Commander Sexual Assault Response Checklist is designed to ensure proper steps are taken to preserve</p> |

evidence for the abuser and the victim. The auditor interviewed 13 random staff and most of the interviews indicated securing the scene and the trained investigators would be responsible for collecting the evidence at the scene. The agency policy 030.1, pages 4-8 indicate the standard utilized when conducting sexual harassment and discrimination investigations. This includes a uniform protocol for the preservation, control, and disposition of all physical, digital, recorded, electronic, and other evidence obtained in connection with a violation of standards of conduct, law, facility rules, or conditions of supervision. All aspects of collection, documentation, chain of custody, preservation, and disposal of evidence is addressed.

115.221 (b) The Brunswick Community Corrections Alternative Program does not house youthful probationers, and this was confirmed by the agency website, onsite interviews conducted with staff, and the population statistical data. Agency policy 030.4, page 13 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.221 (c) The facility offers all probationers who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. Policy 720.7 explains the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The Brunswick Community Corrections Alternative Program utilizes an off-site medical emergency room. The facility reported no forensic medical exams performed by a qualified Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was 0, and the number performed by a qualified medical practitioner was 0. The auditor was able to speak with a SANE nurse during the onsite review. The staff indicated they would provide the necessary support at the Virginia Commonwealth University (VCU) Health Systems. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the onsite review.

The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost. The Brunswick Community Corrections Alternative Program also provides onsite mental health treatment through their crisis stabilization and transitional care units. The auditor reviewed the agency VCU Health Systems Forensic Nurse Examiner Regional Listing document establishing an agreement with the agency to offer certified Sexual Assault Nurse Examiner duties per each region in Virginia. VCU Health Systems has a certified SANE on staff, and they provide sexual assault exams by qualified SANE medical professionals.

115.221 (d) The Brunswick Community Corrections Alternative Program medical staff complete the specialized medical and mental health training designed specifically to meet department operations. Training records were reviewed for medical staff and all training was verified. The auditor reviewed the MOU with the Virginia Sexual and Domestic Action Alliance for confidential support services. The auditor identified Virginia Sexual and Domestic Action Alliance poster in all housing units, intake, and medical sections of the facility. The poster identified the 24- hour services offered by the agency, advocacy, and case management, and hospital accompaniment. The poster offers an address for probationers to write directly to the agency and the information is also provided in the probate handbook. The information provided to the probationers in intake includes a facility sexual abuse awareness pamphlet and the address for the Virginia Sexual and Domestic Action Alliance. All probationers are required to sign for receipt of the handbook and the PREA pamphlet.

115.221 (e) The auditor confirmed a victim advocate would be present during the sexual assault medical exam. The victim advocate information was provided in the sexual abuse awareness pamphlet. Policy 730.2, page 12 explains any probationer who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. This was confirmed during the victim advocate interview, and the auditor reviewed the MOU with the provider. The auditor interviewed 1 staff from the Virginia Sexual and Domestic Action Alliance and this volunteer confirmed the MOU with Brunswick Community Corrections Alternative Program, explained the process regarding notifications, discussed the limits to confidentiality, and expressed appreciation for Brunswick Community Corrections Alternative Program involving them within their program. The auditor interviewed 1 probationer that had previously reported an allegation of sexual abuse. The probationer advised awareness of the program but did not wish to speak with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future. The facility reported knowledge of probationers participating in the program in the past.

115.221 (f) The Brunswick Community Corrections Alternative Program utilizes the facility trained PREA investigators for conducting administrative sexual abuse and sexual harassment investigations, and the Special Investigations Unit has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Compliance Manager interview, but several informal staff interviews were able to identify the investigator as the point of contact for facility investigations.

115.221 (g) N/A

115.221 (h) The facility PREA Compliance Manager verified the facility will always utilize the Virginia Sexual and Domestic Action Alliance as the community advocate to offer emotional support, crisis intervention, information, and referrals in the area. The agency does not utilize staff as representatives to provide emotional support services.

Conclusion: Based on the evidence provided by the facility, all provisions were met within standard 115.221 and no further corrective action is required.

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.222 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1185 815" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 11, July 1, 2019 3. VADOC 030.4 Investigator Matrix, Attachment #1, October 1, 2018 4. Operating Procedure, 030.4, Special Investigations Unit, pages 5,6, &12, November 1, 2021 5. Reviewed 1 Investigative file during the on-site review. <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 963 675 1106" style="list-style-type: none"> 1. Agency Head Designee 2. 1 Special Investigations Unit Investigator 3. PREA Compliance Manager <p data-bbox="240 1196 512 1223">Site Review Observations:</p> <ol data-bbox="240 1249 839 1451" style="list-style-type: none"> 1. Reviewed the facility website for Investigative information 2. Reviewed Shift Commander Checklist 3. Reviewed 1 Investigative File 4. Case Management Log Entry System <p data-bbox="240 1541 467 1568">Findings by Provision:</p> <p data-bbox="240 1594 1489 1796">115.222 (a) The auditor received a copy of the case management spreadsheet as requested along with the following data: 0 unsubstantiated staff-on-probationer allegations of sexual abuse within the last 12 months, 0 unsubstantiated probationer-on-probationer allegations of sexual abuse within the last 12 months, 0 unfounded and 0 unsubstantiated staff-on-probationer allegations of sexual harassment in the past 12 months, and 0 unfounded, 0 unsubstantiated, and 0 substantiated probationer-on-probationer allegations of sexual harassment in the past 12 months. The facility did report 1 substantiated allegation of staff-on-probationer sexual harassment in the past 12 months.</p> <p data-bbox="240 1818 1489 2042">The Virginia Department of Corrections recognizes the grievance system as a method of reporting allegations of sexual abuse. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is forwarded immediately to the PREA Compliance Manager and the PREA Investigators for investigation. The facility received no allegations reported by use of the facility grievance system. The Virginia Department of Corrections provides a hotline number as a method of reporting sexual abuse or sexual harassment. The auditor verified this working number during the onsite review and received confirmation from the PREA Coordinator. The Brunswick Community Corrections Alternative Program reported no investigations conducted within the past 12 months from calls made to the agency hotline.</p> <p data-bbox="240 2074 1457 2136">The interview with the facility Warden explained the facility PREA Compliance Manager is the point of contact for all investigations. All criminal investigations are referred to the agency Special Investigations Unit and the PREA Compliance</p> |

Manager will remain in contact for all investigations being conducted. The PREA Compliance Manager will ensure that all cases are completed and documented with complete investigative summaries and the Warden is informed of the outcomes.

115.222 (b) The agency policy 038.3, page 11 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 030.4, page 5 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Special Investigations Unit (SIU) shall be responsible for criminal investigations in matters relating to the Department of Corrections. This notification policy is posted on the agency website and the procedures for reporting allegations. This auditor reviewed documentation indicating all cases were entered into the Case Management Log Entry System. This information was provided and explained by the PREA Compliance Manager. The SIU investigator interview confirmed this process and indicated knowledge of the credibility assessments for all parties involved during the administrative investigations. The investigator indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Compliance Manager confirmed the policy is posted on the agency website.

115.222 (c) Agency policy 030.4 indicates the Special Investigations Unit shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The SIU will conduct investigations for staff-on-probationer conduct that may have been determined during other investigations involving staff misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor received referrals provided by the facility to the SIU for investigation. The auditor confirmed referrals were investigated and the outcome was referred for prosecution. There is one allegation that remains pending as a referral from the SIU to the local prosecutor.

115.222 (d) N/A

115.222 (e) N/A

Conclusion: Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a posted investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. The facility provided evidence of referrals of allegations of sexual harassment. The agency policy is posted on the website, and it describes the investigative responsibilities of both the agency and the entity that conducts the criminal investigations on its behalf. The facility meets the provisions of this standard.

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| 115.231 | Employee training |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.231 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1174 815" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 102.6, Staff Orientation, November 1, 2020, page 8 3. Operating Procedure 350.2, Training and Development, pages 13-14, Curriculum, Trainer. 4. PREA Training Lesson Plan 5. PREA Training and Acknowledgement Forms = 12 <p data-bbox="242 900 352 929">Interviews:</p> <ol data-bbox="242 958 702 1160" style="list-style-type: none"> 1. 13 Random Staff 2. PREA Compliance Manager 3. 1 Informal Staff Interview 4. 0 Probationers that identify as Transgender <p data-bbox="242 1245 510 1274">Site Review Observations:</p> <ol data-bbox="242 1303 815 1447" style="list-style-type: none"> 1. Reviewed 12 Staff Training Files 2. Reviewed 12 PREA Training Acknowledgement Forms 3. Verified a list of all current staff training dates <p data-bbox="242 1532 466 1561">Findings by Provision:</p> <p data-bbox="242 1590 1493 2018">115.231 (a) Agency policy 102.6, page 2 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill staff responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.231 (a) 1-10. The auditor conducted 13 Random staff interviews indicating significant knowledge regarding zero tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward prevention, detection, reporting, and response. The auditor reviewed the 19-page lesson plan provided by the PREA Compliance Manager and page 2 provides the discussion regarding the zero-tolerance standard. The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, probationers rights to be free from sexual abuse and sexual harassment, probationer and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.</p> <p data-bbox="242 2047 1473 2145">115.231 (b) This auditor reviewed the staff training curriculum to include rosters, briefing rosters, lesson plans, and the on-line training program. This program is an interactive testing software and specifically designed to provide the PREA training elements listed in 115.231 (a) 1-10. The facility trained all staff members in the last 12 months and provided training rosters</p> |

demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the probationers at the facility to include male and female probationers and staff. The facility search practice appears to match the training received. This auditor was not able to interview probationers that identify as transgender as the facility indicated no probationers were present during the onsite review. The facility reported no probationers at the facility in the past 12 months that identifies as a transgender female. The auditor interviewed 7 randomly selected probationers that did not identify any concerns with searches.

115.231 (c-d) The auditor reviewed a total of 12 staff training files. The documentation provided indicated all 12 staff received PREA training in the past 12 months. A complete listing of all staff was provided by the PREA Compliance Manager to the auditor ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Compliance Manager interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and in-service. The PREA Compliance Manager explained, staff training has been affected by COVID-19, in the past 12 months as training has been conducted on-line. The staff are required to sign documentation indicating an understanding of the training received.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility meets substantial compliance with this standard. No corrective action is required at this time.

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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.232 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1326 987" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 027.1, Volunteer and Internship Programs, page 11, May 1, 2020 3. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 5, July 1, 2019 4. Operating Procedure, 102.6, Staff Orientation, page 8, November 1, 2020 5. Operating Procedure, 350.2, Training and Development, page 10, July 1, 2021 6. Operating Procedure, 038.3, Attachment 6, VADOC PREA Training Acknowledgement Form, July 1, 2019 7. Contractor/Volunteer PREA Training Lesson Plan, pages 1-13 8. Contractor/Volunteer PREA Training Power Point slides 1-22 <p data-bbox="240 1077 352 1104">Interviews:</p> <ol data-bbox="240 1133 427 1216" style="list-style-type: none"> 1. 1 Contract Staff 2. 0 Volunteers <p data-bbox="240 1305 509 1332">Site Review Observations:</p> <ol data-bbox="240 1361 798 1444" style="list-style-type: none"> 1. Reviewed Volunteer/Contractor/ Public Visitor Forms 2. Reviewed the facility Biometric process <p data-bbox="240 1534 464 1561">Findings by Provision:</p> <p data-bbox="240 1590 1485 1787">115.232 (a) Agency policy 038.3, page 5 explains the zero-tolerance standard and the facility also provides a volunteer and contractor training lesson plan and power point. This auditor reviewed the volunteer and contractor training, and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed volunteer/contractor/and public visitor forms acknowledging they understand the training received.</p> <p data-bbox="240 1816 1493 2045">115.232 (b) The Brunswick Community Corrections Alternative Program has not trained any volunteers and 15 contractors were trained in the last 12 months. There were no volunteers authorized to visit the facility in the past 12 months due to COVID-19. The level of training provided is based on the services they provide and the level of contact they have with probationers. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the National Crime Information Center.</p> <p data-bbox="240 2074 1469 2136">115.232 (c) The auditor spoke with 1 contract position and no volunteers were interviewed due to COVID-19 precautions. The information provided relating to the training received included a lesson plan and a power point. The interview indicated</p> |

the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. The contract interview confirmed receipt of the PREA Training Acknowledgement Form. No volunteers have received a copy of the PREA pamphlet in the past 12 months. All previously authorized volunteer clearances will have to be renewed by completing a new background screening prior to authorized entrance.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with probationers are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the probationers. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received.

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| 115.233 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.233 Analysis</p> <p>The following evidence analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure, 038.3, Prison Rape Elimination Act (PREA), page 4, July 1, 2019 3. Reviewed the PREA Intake Pamphlet (Spanish/English Format) 4. Reviewed the Sexual Abuse/Sexual Harassment Probationer Education Program Facilitator's Guide 5. Probationer Handbook (Spanish/English Format) 6. Probationer Handbook (Braille Version) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. 1 Intake Staff 3. 7 Randomly Selected Probationer Interviews 4. 1 Informally Selected Probationer Interview <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observed the Intake Process and Issue of the PREA Pamphlet 2. Reviewed 13 Probationer Education Files 3. Reviewed 13 PREA Probationer Intake Handout Receipts 4. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish) <p>Findings by Provision:</p> <p>115.233 (a-f) Agency policy 038.3, page 4 discusses the probationer education requirements and (a-f) within the policy. The intake officer described the probationers receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed probationers receive the PREA pamphlet and watch the PREA video. This document includes the facility zero tolerance policy, the probates right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The probationers can write directly to the PREA Grievance and the Action Alliance victim advocate to report allegations of sexual abuse, sexual assault, or sexual harassment and the pamphlet includes the numbers to contact the hotline.</p> <p>Agency policy 038.3, page 4 indicates within the first 10 days of reception additional PREA information will be provided to the probationer population. This information includes the probationer's rights to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. A video is shown, and questions asked at the end of the video to ensure the probationer understands the information received. The facility also proudly displays PREA posters, and one is displayed in the intake section regarding zero tolerance.</p> |

The auditor interviewed 7 randomly selected probationers that indicated the video is played on an ongoing basis. The intake staff are required to print a probationer orientation acknowledgement form and the probationers sign acknowledging they understand the training they have received. The auditor sampled 13 probationer files indicating receipt of the PREA brochure and viewing the video within 10 days of arrival. The PREA Compliance Manager and the intake officer indicated the video is played to the population immediately upon arrival. The PREA Compliance Manager reported a total of 82 probationers admitted during the past 12 months, and 79 of those length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the probationers and this is discussed in the PREA pamphlet. The PREA information, handout, and Action Alliance information posted on the wall near the phones in every housing unit, in both Spanish and English formats. Posters are visible throughout the facility reminding probationers regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 7 randomly selected probationer interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The probationer phones are equipped with a TTY system, the facility provides a language line for numerous languages, a list of certified staff interpreters, and the video is played in both Spanish and English formats. The facility employs staff to provide the information verbally to probationers that cannot read.

Conclusion: The auditor has determined the agency has a policy governing PREA education for probationers. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of probationers entering the facility in the past 12 months, signed documents by the probationers indicating the understanding of the training received within 30 days of intake, confirmation of all probationers receiving the PREA information within one year of the effective date of the PREA standards, review of the handbook, PREA pamphlet, PREA video, education materials in formats accessible to probationers that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated substantial compliance and no corrective action requested at this time.

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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.234 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses
2. Operating Procedure, 030.4 Attachment 1, VADOC Investigation Matrix, October 1, 2018
3. Reviewed 22 Specialized Investigator Training Certificates for General and Advanced NIC Training
4. Operating Procedure, 350.2, Training and Development, page 15, July 1, 2021
5. Operating Procedure, 030.4, Specialized Investigations Unit, page 12, November 1, 2021

Interviews:

1. 1 Agency SIU PREA Investigator

Site Review Observations:

1. Reviewed the Investigator Basic School Training Agenda
2. Reviewed 22 Correctional Investigator Training Files
3. Reviewed 22 PREA Investigator Training Certificates

Findings by Provision:

115.234 (a-d) Agency policy 030.4, page 12 includes the specialized training requirements for the facility and agency PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Specialized Investigative Unit (SIU) for all criminal investigations and the facility PREA Investigators are assigned to conduct all administrative investigations. The SIU will investigate staff-on-probationer allegations in all circumstances usually discovered during investigations of other unauthorized activity. The auditor reviewed 22 training records indicating the facility and agency staff members have received specialized PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed 1 investigative file and confirmed the investigator has received the specialized PREA investigator training.

The facility and agency PREA investigators completed the basic school training for investigators and completed the National Institute of Corrections classes for PREA investigators. This training provided the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and agenda associated with this learning environment. This training identified the 8 PREA standards that apply to investigating sexual abuse of probationers and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency policy 030.4, page 12 indicates training documentation will be maintained by the employee training files and the PREA Compliance Manager. The auditor reviewed 22 PREA Training Certificates for the 1 facility investigator and the 21 agency staff members that have taken the specialized PREA investigator training class.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.235 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses
2. Operating Procedure, 701.1, Health Services Administration, page 10, November 1, 2021
3. Operating Procedure, 102.6, Staff Orientation, page 8, November 1, 2020
4. Medical Staff Training Files
5. PREA Specialized Training: Medical and Mental Health Care Course Guide
6. PREA Training NIC Certificates

Interviews:

1. 1 Medical Staff
2. 1 Mental Health Staff
3. Sexual Assault Nurse Examiner (SANE)

Site Review Observations:

1. Reviewed medical staff training files
2. Reviewed PREA Training and Understanding Verification Forms

Findings by Provision:

115.235 (a-d) Agency policy 0701.1, page 10 explains the facility policy, procedures, and practice associated with this standard compliance and all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 3 medical staff that work regularly in the facility and the training records indicated all staff have received the initial PREA orientation and the specialized training. The facility provided written documentation demonstrating full compliance that staff have received the specialized medical or mental health training. The auditor reviewed the facility PREA Medical and Mental Healthcare training certificates that included the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor was able to review the PREA Training and Understanding Verification Forms documenting the medical staff signatures and understanding the training they have received as the training for 2021 was conducted online due to COVID-19 precautions. The auditor interviewed 1 medical staff, and 1 mental health staff and both interviews indicated knowledge regarding specialized medical training. The facility utilizes the National Institute of Corrections (NIC) Specialized Medical and Mental Health training program. All forensic exams are conducted at the VCU Health Systems, and the facility does not utilize contract medical staff for services.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum and signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with compliance. No further action is required.

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.241 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1206 873" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Operating Procedure 940.4, Community Corrections Alternative Program, May 1, 2021 3. Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 4. Classification Assessment Details Form, January 15, 2015 5. Classification Assessment Institutions Document, January 15, 2015 6. Classification Assessment Details Form Spanish, January 15, 2015 <p data-bbox="240 963 352 990">Interviews:</p> <ol data-bbox="240 1019 638 1388" style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. 7 Random Probationer Interviews 3. 1 Informal Probationer Interview 4. 13 Random Staff Interviews 5. 1 Informal Staff Interview 6. PREA Coordinator 7. PREA Compliance Manager <p data-bbox="240 1478 512 1505">Site Review Observations:</p> <ol data-bbox="240 1534 807 1792" style="list-style-type: none"> 1. Probationer Risk Screening Process 2. Probationer Risk Screening Reassessment Process 3. Intake and Classification Housing Assignment Review 4. Probationer File Reviews 5. PREA Risk Assessment Tool <p data-bbox="240 1881 483 1908">Findings (By Provision):</p> <p data-bbox="240 1937 1481 2161">115.241 (a-l) Agency policy 940.4 explains the screening procedures for risk of victimization and abusiveness. This policy explains all probationers are assessed during an intake screening for their risk of being sexually abused by other probationers or sexually abusive toward other probationers. Probates will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other probationers. The Brunswick Community Corrections Alternative Program utilizes the Classification Assessment Details Form to accomplish the risk screening process. This tool is utilized during the intake screening process, 20-30 days after receipt into a facility, whenever a probationer participates in an incident of sexual abuse, added information is provided within the history, and during the annual review process. The</p> |

auditor attempted to observe this process during the on-site review, but no new intakes were received at the facility during the on-site review.

Agency policy 940.4 indicates this tool must be completed within the first 72 hours of reception to the Department or upon arrival at another facility. The auditor reviewed probationer files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. None of the files reviewed indicated concerns regarding the initial intake screening or the reassessment. The facility utilizes an objective classification screening instrument that includes yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking probationer risks and needs assessment, and a PREA intake screening. The objective classification screening includes the following criteria for the risk of sexual victimization: probationer mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the probationer is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the probationer is detained solely for civil immigration purposes. The auditor reviewed this process with the staff assigned to conduct the screening.

The objective classification system questionnaire also assesses probationers for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each probationer must be carefully screened, and every evaluation should be unbiased, results should be based on the communication between the staff conducting the review and the probationers own perceptions and responses to the questions.

Agency policy 730.2 indicates within 14-21 days of intake a probationers risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the probationers risk of sexual victimization or abusiveness. Interviews conducted with 7 random probationers indicated this process was being applied as the probates could explain the questions being asked by the facility. This information is consistent with the agency policy previously discussed.

Agency policy 940.4 indicates probationers will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. The interview with staff that conduct the risk screenings advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of probationers upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding probationer risk of victimization and abusiveness.

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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.242 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1206 815" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire responses 2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. Operating Procedure 940.4, Community Corrections Alternative Program, May 1, 2021 4. Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 5. High Risk Victim and High-Risk Abuser Lists <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 960 1023 1216" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. 0 Probationers Identifying as Transgender, 1 Probationer Identifying as Gay 5. Facility Warden <p data-bbox="240 1305 509 1332">Site Review Observations:</p> <ol data-bbox="240 1361 1042 1617" style="list-style-type: none"> 1. Reviewed the PREA Risk Screening Process 2. Reviewed the PREA Risk Screening Reassessment Process 3. Reviewed Probationer Files 4. Reviewed for PREA Accommodations 5. Reviewed the housing unit cell, shower, restroom, and bunk accommodations <p data-bbox="240 1706 483 1733">Findings (By Provision):</p> <p data-bbox="240 1762 1485 2159">115.242 (a-g) Agency policy 038.3 indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all facility risk screenings are objective, case by case evaluations of the probationers with their own perceptions and views being considered. The views of the probate are recognized along with the tally provided by the staff on the risk assessment document. The staff that performs risk screening interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The facility maintains a high-risk abuser and a high-risk victim list to keep the two categories separate from each other. The auditor reviewed this process during the on-site review. The auditor spoke with 7 randomly selected probationers that confirmed no probationers were on-site that identify or perceived to be transgender. The facility reported no probationers in the past 12 months at the facility that identified as a transgender female.</p> |

Agency policy 940.4 indicates the facility will make individualized determinations on a case-by-case basis to ensure the residents health and safety and personal views are considered. Reassessments shall be conducted by the probates assigned counselor between calendar day 14 and 21 of every probationers arrival in the system. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the Security Operations Lieutenant will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the probationers personal views. This was confirmed during the intake screening staff interview, and all assessments will be documented on the PREA Risk Assessment Tool. Probationers that identify as transgender or intersex will receive a reassessment twice each year.

The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when the Operations Lieutenant is evaluating the housing considerations for transgender and intersex probationers as they are provided the opportunity to shower separately from other probates in the facility. The facility does not place lesbian, gay, bisexual, transgender, or intersex probationers in a dedicated housing facility, unit, or wing based on their status. This is forbidden in policy 038.3. The facility Warden interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The onsite review indicated special populations are not assigned to one housing unit as the auditor was able to interview probationers from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding probationer risk of victimization and abusiveness.

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| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.251 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Operating Procedure 801.6, Offender Services, October 1, 2018 3. Operating Procedure 038.3 Prison Rape Elimination Act, July 1, 2019 4. Operating Procedure 803.3, Offender Telephone Service, February 1, 2020 5. Operating Procedure 866.1, Offender Grievance Procedure, Institutions, January 1, 2021 6. PREA Pamphlet Spanish/English 7. Memorandum of Understanding Virginia Sexual and Domestic Violence Action Alliance, February 18, 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. 13 Randomly Selected Staff 2. 7 Randomly Selected Probationers 3. 1 Informal Staff Interviews 4. 1 Informal Probationer Interview 5. PREA Compliance Manager 6. Facility Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the Virginia Sexual and Domestic Violence Action Alliance Information 2. Reviewed the Third-Party mailing address. <p>Findings (By Provision):</p> <p>115.251 (a-d) Brunswick Community Corrections Alternative Program provides multiple methods for probationers to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy 038.3 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, agency hotline, or report directly to a family member or friend.</p> <p>The agency has a documented Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance to provide one method of anonymous probate reporting to a public entity that is not part of the agency. The auditor interviewed 7 randomly selected probationers and conducted 1 informal probate interview that concluded knowledge of this process. The Brunswick Community Corrections Alternative Program does not detain probationers solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager, and the facility Warden interviews.</p> <p>Agency policy 801.6 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of</p> |

sexual abuse or sexual harassment, retaliation against probationers or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility Warden also confirmed any allegations reported by another facility or to another facility will be performed from the facility head to the other facilities agency head in writing. This information will then be passed on to the facility PREA investigator promptly.

Conclusion: Based on the review of all documents provided to the auditor in the preaudit questionnaire, and interviews and observations conducted during the on-site review, the auditor determines all provisions were met within this standard and no further corrective action required.

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| 115.252 | Exhaustion of administrative remedies |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.252 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1185 757" style="list-style-type: none"> <li data-bbox="240 560 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="240 618 1153 645">2. Operating Procedure 866.1, Offender Grievance Procedure, Institutions, January 1, 2021 <li data-bbox="240 676 898 703">3. Operating Procedure 038.3, Offender Orientation Manual, 2021 <li data-bbox="240 734 754 761">4. 0 Emergency Grievances Alleging Sexual Abuse <p data-bbox="240 846 352 873">Interviews:</p> <ol data-bbox="240 904 619 1043" style="list-style-type: none"> <li data-bbox="240 904 552 931">1. PREA Compliance Manager <li data-bbox="240 963 619 990">2. 7 Randomly Selected Probationers <li data-bbox="240 1021 552 1048">3. 13 Randomly Selected Staff <p data-bbox="240 1133 509 1160">Site Review Observations:</p> <ol data-bbox="240 1191 1010 1218" style="list-style-type: none"> <li data-bbox="240 1191 1010 1218">1. Grievance forms are readily available to the population in all housing units. <p data-bbox="240 1303 483 1330">Findings (By Provision):</p> <p data-bbox="240 1361 1465 1590">115.252 (a-g) The agency follows a standardized acceptance process for grievance procedures for dealing with probate grievances regarding sexual abuse. Agency policy 866.1, explains probationers shall utilize the grievance system to report sexual abuse or sexual harassment by a staff member or probationer-on-probationer sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if a probationer files a grievance related to staff sexual abuse/sexual harassment or probationer sexual abuse, the facility Grievance Coordinator shall process the grievance and forward it to the facility Investigator and PREA Compliance Manager (PCM)/designee for tracking and investigation. The probate shall be notified of this action.</p> <p data-bbox="240 1621 1477 1783">The facility PREA Compliance Manager reports no allegations of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the investigator and the PREA Compliance Manager for immediate investigation. The facility reported no allegations of sexual harassment received through the grievance system for investigation in the past 12 months.</p> <p data-bbox="240 1814 1493 2074">Agency policy 866.1 explains the grievance system is intended to deal with a wide range of issues, procedures, or events that may be of concern to a probate. All incidents of an emergency nature including allegations of sexual abuse includes an immediate response and when faced with an incident of an urgent or emergency nature, the probate shall contact the nearest staff member for immediate assistance. The auditor reviewed the handbook, and the grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 13 interviews with randomly selected staff, and these interviews indicated knowledge of the probationers being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 7 randomly selected probationers, and several indicated they could submit a grievance to notify the staff of an allegation of sexual abuse.</p> <p data-bbox="240 2105 1477 2161">Conclusion: The Virginia Department of Corrections recognizes the grievance system as a method of reporting for the population. All grievances received relative to sexual abuse will be forwarded to the facility PREA Investigator for immediate</p> |

investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Probationers are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and Handbook. The auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment for investigation and provides other means of reporting. No further action is required regarding this standard.

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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 515 297">Standard 115.253 Analysis</p> <p data-bbox="242 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 504 371 530">Documents :</p> <ol data-bbox="242 560 1244 817" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. PREA Intake Pamphlet (Spanish/English) 4. Facility PREA Posters (Spanish/English) 5. Memorandum of Understanding, Virginia Sexual and Domestic Action Alliance, February 24, 2022 <p data-bbox="242 907 352 934">Interviews:</p> <ol data-bbox="242 963 683 1160" style="list-style-type: none"> 1. 7 Random Probationers 2. Probationer Who Reported Sexual Abuse 3. Facility Warden 4. PREA Compliance Manager <p data-bbox="242 1249 510 1276">Site Review Observations:</p> <ol data-bbox="242 1305 1308 1391" style="list-style-type: none"> 1. Verified all third-party reporting materials are posted in the living units in both English and Spanish. 2. Verified telephone and mail monitoring notices are posted in the living units in both English and Spanish. <p data-bbox="242 1480 483 1507">Findings (By Provision):</p> <p data-bbox="242 1536 1493 1827">115.253 (a-c) Agency policy 038.3 explains the PREA Compliance Manager, Unit Manager, and Mental Health Staff shall ensure that probationers are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall inform probationers, 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. Each facility shall ensure that if phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and the level of monitoring must be clearly posted in the facility handbook and bulletin boards.</p> <p data-bbox="242 1861 1477 2152">Agency policy 038.3 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. Brunswick Community Corrections Alternative Program utilizes the services of the Virginia Sexual and Domestic Action Alliance, a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. This is accomplished by probationers writing a letter to access the services and provide notifications or by dialing a specific number. The Brunswick Community Corrections Alternative Program established a Memorandum of Understanding with the Virginia Sexual and Domestic Action Alliance on April 29, 2013, continues their partnership to provide victim advocate services. The auditor reviewed both documents for clarity and all signatures are current and binding. The Memorandum of Understanding may be revised at any time by either party, or the terms of the Agreement do not expire without written notice by both parties.</p> |

The Virginia Sexual and Domestic Action Alliance information is posted in all living units, near the phones, provided in the handbook, and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the probate and these services are confidential.

The Brunswick Community Corrections Alternative Program does not detain persons solely for civil immigration services. This information was confirmed during the facility Warden interview. The 13 random staff interviewed were able to identify the Virginia Sexual and Domestic Action Alliance, as an option for confidential support services. A total of 7 random probationer interviews, and interviews that have reported sexual assault allegations, indicating knowledge of the Virginia Sexual and Domestic Action Alliance. The probationers reported feeling confident these services would be useful, but they are not using the services at this time. The PREA Compliance Manager was not aware of current probationers that utilized the service. The Virginia Sexual and Domestic Action Alliance volunteer interview confirmed probationers at Brunswick Community Corrections Alternative Program have received the services at the facility in the past.

Conclusion: Based on the review of all evidence supplied by the facility to include agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for probationers to report anonymously, a policy regarding probationers not being detained solely for civil immigration purposes, a policy for staff to privately report, accepting reports from probates in writing, an MOU with the victim advocate, and the handbook, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required regarding the provisions of this standard.

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| 115.254 | Third party reporting |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.254 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1185 757" style="list-style-type: none"> <li data-bbox="240 560 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="240 618 975 645">2. Operating Procedure, 038.3, Prison Rape Elimination Act, July 1, 2019 <li data-bbox="240 676 914 703">3. Zero-tolerance and third-party reporting poster (English/Spanish) <li data-bbox="240 734 694 761">4. Third-party reporting form English/Spanish <p data-bbox="240 846 352 873">Interviews:</p> <ol data-bbox="240 904 552 1043" style="list-style-type: none"> <li data-bbox="240 904 552 931">1. PREA Compliance Manager <li data-bbox="240 963 507 990">2. 7 Random Probationers <li data-bbox="240 1021 552 1048">3. 1 Informal Probate Interview <p data-bbox="240 1133 509 1160">Site Review Observations:</p> <ol data-bbox="240 1191 1294 1272" style="list-style-type: none"> <li data-bbox="240 1191 1294 1218">1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address. <li data-bbox="240 1249 963 1276">2. Reviewed the agency website for the third-party reporting information. <p data-bbox="240 1361 469 1388">Findings By Provision:</p> <p data-bbox="240 1420 1485 1680">115.254 (a) The agency has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in agency policy 038.3. This information is also published on the agency's website and the notification process is to write a letter to the third-party reporting agency, call the hotline, or an email address. There are posters throughout the facility such as: living units, medical, programs, intake, visitation, and reception regarding third-party reporting and the address required to file the complaint. The probationers are provided a handbook that explains the reporting process and this information is posted on the PREA intake pamphlet, PREA video, and signs posted near the phones in the living units. The 7 random and 1 informal probationer interviews indicated knowledge of the third-party reporting methods and probationers advised they felt extremely comfortable reporting all allegations of sexual misconduct.</p> <p data-bbox="240 1711 1477 1805">Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report sexual abuse or sexual harassment on behalf of probationers. The facility is compliant with this standard and no further action is required.</p> |

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| 115.261 | Staff and agency reporting duties |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.261 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1230 815" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Operating Procedures 038.3, Prison Rape Elimination Act, July 1, 2019 3. Operating Procedures 730.2, MHWS: Screening, Assessments, and Classification, June 1, 2021 4. Investigative Files 5. Operating Procedures 801.6, Offender Services, October 1, 2018 <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 963 552 1272" style="list-style-type: none"> 1. 13 Randomly Selected Staff 2. 1 Informal Staff 3. Facility Warden 4. PREA Compliance Manager 5. 1 Medical Staff 6. 1 Mental Health Staff <p data-bbox="240 1361 512 1388">Site Review Observations:</p> <ol data-bbox="240 1420 1010 1621" style="list-style-type: none"> 1. Reviewed Investigative Files 2. Reviewed Incident Reports 3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator 4. Compared the dates received to the date the investigation began <p data-bbox="240 1711 483 1738">Findings (By Provision):</p> <p data-bbox="240 1769 1461 2092">115.261 (a-e) Agency policy 038.3 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against probationers or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Warden and the PREA Compliance Manager. The auditor verified this process during the 13 random staff and 1 informal staff interview as staff conveyed the directive to notify a supervisor immediately. The staff were able to identify the PREA Investigator, and PREA Compliance Manager during the random staff interviews. Agency policy 038.3 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 13 random staff indicating knowledge of this policy and the mandatory reporting requirements.</p> <p data-bbox="240 2123 1430 2150">The Brunswick Community Corrections Alternative Program does not house youthful offenders as confirmed during the</p> |

census report review. Agency policy 730.2 explains when the alleged victim is under the age of 18, the Department shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws as outlined by the Virginia Code. The auditor interviewed 1 medical staff and 1 mental health worker and both interviews indicated knowledge regarding mandatory reporting requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander. During the on-site review, the auditor reviewed investigative files, and incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation.

Conclusion: Based on the evidence provided by the facility, the auditor determined the agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does not house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.262 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses
2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
3. Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021
4. Operating Procedures 830.6, Offender Keep Separate Management, August 1, 2020
5. Investigative Files

Interviews:

1. Agency Head Designee
2. Facility Warden
3. 13 Random Staff
4. 0 Probationers in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File reviews to determine elevated risk for sexual victimization
2. Reviewed PREA Allegations and High-Risk Victim and High-Risk Abuser Lists

Findings (By Provision):

115.262 (a) Agency policy 038.3 ensures that when Department staff learn that a probate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect that probationer. Alleged probate victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Warden indicated single cell status may be ordered immediately to protect the probationer or others, but the action must be reviewed within 24 hours by the housing committee.

The facility Warden interview determined the agency takes all allegations serious and any probationer subject to imminent sexual abuse will receive immediate action. The facility reported no incidents in the past 12 months that determined a probationer was subject to a substantial risk of imminent sexual abuse. The auditor reviewed investigative files indicating the housing unit change would be performed immediately upon notification. The classification files reviewed indicated no probationers were being housed in single cell status for high-risk of sexual victimization during the on-site review. The informal staff interview indicated the housing would be for less than 24 hours. No program activities would be interrupted due to this housing assignment. The auditor interviewed probationers and they indicated satisfaction regarding their housing placement and did not convey any sexual safety concerns.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when probationers are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of probate substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided the facility meets the provision of this standard. No further action is required.

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.263 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses
2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
3. Notification of Sexual Abuse Allegation to Another Facility Form
4. Reviewed for case file notification to another facility
5. Reviewed for case file notification received from another facility
6. Operating Procedure 030.4, Special Investigations Unit, November 1, 2021

Interviews:

1. Agency Head Designee
2. Facility Warden
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed for case files including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Reported to another facility.
2. Reviewed for case files including the case history, email notifications from facility heads, Notification of Abuse Allegation Forms, and investigation report. Received from another facility.

Findings (By Provision):

115.263 (a-d) Agency policy 038.3 indicates upon receiving an allegation that a probationer was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Warden indicated they would personally contact the Warden at the facility where the abuse occurred and would expect the other agency to return the same courtesy. The Warden explained, all allegations are taken seriously and treated with an immediate response.

The agency policy 038.3 indicated the documented notification will occur within 72 hours and must be documented in the PREA Tracking System. Brunswick Community Corrections Alternative Program has reported no allegations of sexual abuse to other facilities in the past 12 months. Brunswick Community Corrections Alternative Program has received no allegations of sexual abuse from other facilities in the past 12 months. The facility reported 1 allegation of sexual harassment reported within the facility in the past 12 months and no notifications to other facilities were required.

Conclusion: The facility has a policy to ensure reporting of allegations of sexual abuse of probationers while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

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

Standard 115.264 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses
2. Emergency Response Cards
3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
4. Operating Procedure 075.1, Emergency Procedures, March 1, 2018
5. Operating Procedure 030.4, Special Investigations Unit, November 1, 2021

Interviews:

1. 1 Non-Security Staff First Responder
2. 1 Security Staff First Responder
3. Probationer Who Reported Sexual Abuse
4. 13 Random Staff

Site Review Observations:

1. Reviewed for the Initial Response Checklist for the victim and the abuser
2. Reviewed the Emergency Response Card being utilized by the staff

Findings (By Provision):

115.264 (a-b) Agency policy 038.3 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve, and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed a probate who reported an allegation of sexual abuse and indicated a feeling that the staff respected the incident and kept them safe from their abuser.

The facility reported no allegations of sexual abuse within the past 12 months, no cases were reported to security staff that involved the separation of the victim and the abuser, and no cases were reported to a non-security staff member. The facility reported no cases where physical evidence was collected, but the staff indicated the probationers would be informed to not make any attempts to destroy the physical evidence. The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 1 non-security staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the staff training curriculum and verified during the Warden interview. The auditor interviewed 13 random staff members, and all 13 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review.

Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met compliance.

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.265 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Operational Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 3. Brunswick Community Corrections Alternative Program, PREA Response Plan, January 1, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. 13 Random Staff 4. 1 Informal Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed the First Responder Duty Cards 2. Reviewed the facility response plan. <p>Findings (By Provision):</p> <p>115.265 (a) Brunswick Community Corrections Alternative Program has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan is documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 13 random and 1 informal staff interview. The facility Warden and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.</p> <p>Conclusion: The Brunswick Community Corrections Alternative Program has a facility institutional response 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. This response plan is separate from the agency response plan, and it is more locally individualized to meet the specific needs of the facility. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, compliance was indicated, and no further action is required.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 424 300">Standard 115.266</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 501 371 530">Documents :</p> <ol data-bbox="242 557 1185 701" style="list-style-type: none"> <li data-bbox="242 557 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="242 613 967 642">2. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 <li data-bbox="242 669 1059 698">3. Memorandum from the Agency Operations Manager for Support, April 22, 2013 <p data-bbox="242 786 352 815">Interviews:</p> <ol data-bbox="242 842 507 929" style="list-style-type: none"> <li data-bbox="242 842 424 871">1. Facility Warden <li data-bbox="242 898 507 927">2. Agency Head Designee <p data-bbox="242 1014 509 1043">Site Review Observations:</p> <ol data-bbox="242 1070 1078 1099" style="list-style-type: none"> <li data-bbox="242 1070 1078 1099">1. Reviewed the facility for any postings relating to a standardized union agreement. <p data-bbox="242 1184 483 1214">Findings (By Provision):</p> <p data-bbox="242 1243 1477 1574">115.266 (a) The Virginia Department of Corrections has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with probationers pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" is such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The Fair Labor Standards Act regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with the procedure's manual.</p> <p data-bbox="242 1603 1485 1798">Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. No documents were reviewed that would limit the agency's ability to remove alleged staff sexual abusers from the contact with any probationers pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Warden interview confirmed this process, and the auditor received a memorandum from the agency Operations Manager for Support to all facility Wardens to review. No further action is required toward this standard.</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.267 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1422 757" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Retaliation Monitoring Form 3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019 4. Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders, October 1, 2019 <p data-bbox="240 846 352 873">Interviews:</p> <ol data-bbox="240 902 751 1332" style="list-style-type: none"> 1. Agency Head Designee 2. Facility Warden 3. 1 Staff Member Assigned to Monitor Retaliation 4. 1 Probationer who Reported Sexual Abuse 5. 0 Probationers High Risk of Sexual Victimization 6. 13 Random Staff 7. 7 Random Probationers 8. PREA Compliance Manager <p data-bbox="240 1422 509 1449">Site Review Observations:</p> <ol data-bbox="240 1478 1372 1563" style="list-style-type: none"> 1. Reviewed for email transcripts from the facility Warden to the compliance monitor extending the 90-day review. 2. Reviewed Investigative files for retaliation monitoring documents. <p data-bbox="240 1653 483 1680">Findings (By Provision):</p> <p data-bbox="240 1709 1485 2072">115.267 (a-e) The agency has established a policy to protect all probationers and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation, and this is described in agency policy 038.3. The Department shall protect all probationers and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other probationers or staff. Department policy explains, any individual, who seeks to deter a probate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline. Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of sexual abuse or sexual harassment shall meet with the PREA Compliance Manager. This staff member is the designated staff member charged with monitoring retaliation. This position is provided the necessary support by the facility Warden. The interview process with the facility Warden indicated an active role toward retaliation monitoring is an ongoing process.</p> <p data-bbox="240 2101 1453 2159">The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for probate victims and abusers, removal of staff through termination, emotional support services, monitoring the probationer and staff</p> |

performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the probationers are provided with materials to assist the communication process. Literature is posted in the handbook, posters, and methods of reporting retaliation described in the daily PREA video.

The Warden indicated additional reviews may be considered once the 90-day review has concluded. Random interviews with 13 staff members and 7 random probationers indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, probationer that previously reported sexual abuse, and no interviews indicated retaliation concerns. The facility reported no allegations of retaliation were reported in the past 12 months, and the investigative files documented the 90-day review. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is conducted during the initial review and monthly for 90-days. All reviews indicated no concerns regarding retaliation.

Conclusion: The Virginia Department of Corrections has an agency policy protecting all probationers and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from probationers or staff and includes the monitoring of probationers and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with substantial compliance. No further action is required.

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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.271 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1185 815" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 960 691 1216" style="list-style-type: none"> 1. Investigative Staff 2. Probationers who Reported Sexual Abuse 3. Facility Warden 4. PREA Coordinator 5. PREA Compliance Manager <p data-bbox="240 1305 509 1332">Site Review Observations:</p> <ol data-bbox="240 1361 587 1447" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p data-bbox="240 1536 483 1563">Findings (By Provision):</p> <p data-bbox="240 1592 1481 1753">115.271 (a-l) The Special Investigations Unit conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Virginia Department of Corrections as required in the State policy. The Special Investigations Unit will investigate allegations of staff-on-probationer sexual abuse, typically uncovered during investigations into other forms of unauthorized activity. This information was confirmed during the investigator interview.</p> <p data-bbox="240 1783 1485 1912">Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The facility reported a total of 1 investigation conducted in the past 12 months. The facility reported 0 allegations of sexual abuse and 1 allegation of staff sexual harassment. The auditor reviewed 1 investigative report and no cases are still active with the Special Investigations Unit.</p> <p data-bbox="240 1942 1490 2134">Agency policy requires the facility use investigators who have received specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Special Investigations Unit will prepare compelled interviews and communicate all activities with the County Prosecutor. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation.</p> |

The Special Investigations Unit authorizes investigators to support the Brunswick Community Corrections Alternative Program and the Virginia Department of Corrections. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the PREA trained investigator as the investigator in administrative investigations. The auditor confirmed the investigator has received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secured the scene, and performed first responder duties.

The Special Investigations Unit will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Warden for administrative action. The Warden will consult with the investigator to determine if staff actions or failures to act contributed to the incident. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. Agency policy explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the investigator and Warden interviews. The auditor noted a documented credibility assessment within the investigative report reviewed.

Conclusion: The Virginia Department of Corrections has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations; the auditor finds Brunswick Community Corrections Alternative Program meets the provisions of this standard with compliance.

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.272 Analysis</p> <p>The following evidence was analyzed in making compliance determinations:</p> <p>Documents :</p> <ol style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports <p>Findings (By Provision):</p> <p>115.272 (a) Agency policy requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the facility PREA investigator revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 1 total investigation conducted.</p> <p>The facility reported a total of 1 investigation conducted in the past 12 months. The facility reported no allegations of sexual abuse and 1 allegation of staff sexual harassment. The auditor reviewed 1 investigative report no cases are still active. The facility reported 1 substantiated allegation of staff sexual harassment. The agency policy states, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined compliance with the provisions of this standard. No further action is required.</p> |

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| 115.273 | Reporting to residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.273 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1185 873" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Notification <p data-bbox="240 963 352 990">Interviews:</p> <ol data-bbox="240 1021 679 1160" style="list-style-type: none"> 1. Investigative Staff 2. Facility Warden 3. Probationer who Reported Sexual Abuse <p data-bbox="240 1249 512 1276">Site Review Observations:</p> <ol data-bbox="240 1308 587 1447" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Probate Notifications <p data-bbox="240 1536 483 1563">Findings (By Provision):</p> <p data-bbox="240 1594 1485 1720">115.273 (a-e) Agency policy requires, following an investigation into a probates allegation of sexual abuse, the agency must inform the probationer as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the probationer was provided as a substantiated complaint.</p> <p data-bbox="240 1751 1473 1809">The facility reported a total of 1 investigation conducted in the past 12 months. The facility reported no allegations of sexual abuse and 1 allegation of sexual harassment. The auditor reviewed 1 investigative report and no cases are still active.</p> <p data-bbox="240 1841 1489 2033">Agency policy requires if the allegation that a staff member has committed sexual abuse against the probate, the agency shall subsequently inform the probationer whenever the staff member is no longer posted in the unit, no longer employed at the facility, indicted on a charge, or have been convicted on a charge related to sexual abuse. The policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported 1 substantiated allegation documented within the last 12 months against a staff member. The auditor reviewed documentation indicating all notices were provided to the alleged victims.</p> <p data-bbox="240 2065 1485 2154">Agency policy requires when the allegation is the result of sexual abuse by another probate, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the result of the allegation is unfounded. The facility Warden and the PREA investigator confirmed this</p> |

communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion: The agency has a policy requiring that any probate who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the Brunswick Community Corrections Alternative Program meets the provisions of this standard with compliance and no further action is required.

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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297">Standard 115.276 Analysis</p> <p data-bbox="240 387 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 504 371 530">Documents :</p> <ol data-bbox="240 560 1465 963" style="list-style-type: none"> <li data-bbox="240 560 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="240 616 480 642">2. Investigative Reports <li data-bbox="240 672 547 698">3. Record Retention Schedule <li data-bbox="240 728 515 754">4. Copies of Case Records <li data-bbox="240 784 694 810">5. Sample of Cases Referred for Prosecution <li data-bbox="240 840 665 866">6. Investigation Summary with Notification <li data-bbox="240 896 1465 963">7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies <p data-bbox="240 1052 352 1079">Interviews:</p> <ol data-bbox="240 1108 512 1193" style="list-style-type: none"> <li data-bbox="240 1108 426 1135">1. Facility Warden <li data-bbox="240 1164 512 1191">2. Human Resources Staff <p data-bbox="240 1283 512 1310">Site Review Observations:</p> <ol data-bbox="240 1339 587 1478" style="list-style-type: none"> <li data-bbox="240 1339 483 1366">1. Reviewed Case Files <li data-bbox="240 1395 587 1422">2. Reviewed Investigative Reports <li data-bbox="240 1451 499 1478">3. Reviewed Notifications <p data-bbox="240 1568 483 1594">Findings (By Provision):</p> <p data-bbox="240 1624 1489 2089">115.276 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the Brunswick Community Corrections Alternative Program is termination and this is explained in agency policy 038.3. The Warden confirmed this policy during the interview process. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to function as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a probate. No findings of this nature were reported within the investigative reports reviewed. The facility reported no incidents in the past 12 months for staff who have been terminated, and the auditor searched for samples of staff disciplined for violation of the agency sexual abuse or sexual harassment policies. The auditor reviewed the disciplinary action of staff with the facility Warden and the sanctions imposed for violation of this policy is termination. The facility reports 1 substantiated allegation of staff sexual harassment and the staff member resigned during the investigation.</p> <p data-bbox="240 2119 1449 2145">The facility Warden confirmed all incidents of abuse will be referred to the Special Investigations Unit for prosecution and</p> |

notifying the applicable licensing board such as the Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. The Special Investigations Unit conducts all criminal investigations, and the auditor reviewed the agency policy 030.4 provided by the facility.

Conclusion: The Virginia Department of Corrections has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. The auditor reviewed the agency policy and determined the facility requires no further action as the presumptive expectation of disciplinary action is termination when there are substantiated violations of sexual abuse allegations. The facility provided documentation supporting this practice and no further action is required for compliance.

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.277 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies

Interviews:

1. Facility Warden
2. Contract Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Notifications

Findings (By Provision):

115.277 (a-b) Agency policy requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with probationers and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal, or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with probationers in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Warden interview and informal interviews with the command staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused a probate. No findings of this nature were reported within the investigative report reviewed.

Conclusion: The Virginia Department of Corrections has a policy regarding disciplinary violations or acts of sexual abuse or sexual harassment. Based on the review of evidence provided by the facility, the auditor has determined the Brunswick Community Corrections Alternative Program meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

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| 115.278 | Disciplinary sanctions for residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.278 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1465 1133" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Investigative Reports 3. Record Retention Schedule 4. Copies of Case Records 5. Sample of Cases Referred for Prosecution 6. Investigation Summary with Notification 7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies 8. Classification Files 9. Disciplinary Files 10. Medical Files <p data-bbox="240 1223 352 1249">Interviews:</p> <ol data-bbox="240 1281 483 1420" style="list-style-type: none"> 1. Facility Warden 2. 1 Medical Staff 3. 1 Mental Health Staff <p data-bbox="240 1509 512 1536">Site Review Observations:</p> <ol data-bbox="240 1568 587 1706" style="list-style-type: none"> 1. Reviewed Case Files 2. Reviewed Investigative Reports 3. Reviewed Notifications <p data-bbox="240 1796 483 1823">Findings (By Provision):</p> <p data-bbox="240 1854 1489 2083">115.278 (a-g) Agency policy informs probates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the probate engaged in sexual abuse or following a criminal finding of guilt for sexual abuse. The facility reported no administrative findings of probate sexual abuse or criminal findings in the past 12 months. There were no substantiated abuse allegations reported by the facility in the past 12 months. This was confirmed by the facility Warden, 1 Mental Health staff, 1 medical staff member, and probate medical files were reviewed. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and for counseling services.</p> <p data-bbox="240 2114 1428 2141">Agency policy advises the facility may discipline a probate for sexual contact with staff only upon a finding that the staff</p> |

member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between probationers and may discipline for such activity.

Conclusion: The agency has a policy which states probationers are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that they engaged in sexual abuse. The auditor reviewed all records and findings associated with the provisions of this standard and no further action is required. The Brunswick Community Corrections Alternative Program meets the substantial compliance required with this standard.

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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.282 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses
2. Medical Files
3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Probate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.282 (a-d) Agency policy requires probate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers medical care and mental health crisis intervention services. The facility provides offsite emergency room care and utilizes the Medical College of Virginia for SAFE/SANE exams. The Virginia Sexual and Domestic Violence Action Alliance provides 24-hour counseling and crisis intervention services. Medical College of Virginia performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Virginia Sexual and Domestic Violence Action Alliance for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy. The facility reported no incidents of sexual abuse requiring a SANE exam within the past 12 months. The facility confirmed a victim advocate provider would be utilized throughout the process of the exam. The staff indicate the level of care at the Brunswick Community Corrections Alternative Program is consistent with the level of care demonstrated within the community. The auditor was able to speak with the SANE staff and confirmed on-site exams are conducted with the presence of a volunteer advocate. The auditor reviewed the MOU for the Virginia Sexual and Domestic Violence Action Alliance.

This auditor reviewed the handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal interviews. The auditor interviewed probates who have reported sexual abuse and they did not indicate any concerns within this standard. The interview with the Action Alliance volunteer provided insight into the extremely positive relationship with the provider and the facility.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, Brunswick Community Corrections Alternative Program is fully compliant with this standard. No further action is required.

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Standard 115.283 Analysis

The following evidence was analyzed in making compliance determinations:

Documents :

1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses
2. Medical Files
3. Operating Procedure 038.3, Prison Rape Elimination Act, July 1, 2019
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Probate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.283 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all probates who have been victimized by sexual abuse. The Mental Health Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the probate may qualify for additional services due to their status. The treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

Brunswick Community Corrections Alternative Program does not house female probationers and no females were observed during the on-site review. This was confirmed during the population analysis. Agency policy advises victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. The Virginia Sexual and Domestic Violence Action Alliance will also provide outside emotional support services and their volunteers are supportive of the facility programs. This information was confirmed during the Health Services interview and the informal staff interviews. The informal probate interviews expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Action Alliance information was posted near every phone in the living units. Several random interviews confirmed knowledge of this service. The Mental Health Director confirmed the 60-day mental health assessments are conducted for alleged abusers.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.

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| 115.286 | Sexual abuse incident reviews |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.286 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1185 645" style="list-style-type: none"> <li data-bbox="242 557 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 582 929" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Warden <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 582 927">3. Incident Review Team Member <p data-bbox="242 1014 509 1043">Site Review Observations:</p> <ol data-bbox="242 1072 727 1102" style="list-style-type: none"> <li data-bbox="242 1072 727 1102">1. Discussed the Incident Review Team Process <p data-bbox="242 1187 483 1216">Findings (By Provision):</p> <p data-bbox="242 1245 1473 1373">115.286 (a-e) Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 14 days of the conclusion of the investigation. The facility Warden confirmed this process along with the PREA Compliance Manager interviews.</p> <p data-bbox="242 1402 1493 1697">The incident review team consists of the following: Warden, Command Staff, Classification Supervisor, and the team receives input from line supervisors, investigators, and medical and mental health staff. The facility presents a report of its findings from the sexual abuse incident review and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and probates, appropriate supervision, notifications, and operational considerations. The auditor reviewed 1 incident review document and noted the information was provided within the form. The Warden confirmed review of reported facility incident reviews.</p> <p data-bbox="242 1727 1457 1823">Conclusion: The auditor determined the facility met this standard with compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.</p> |

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| 115.287 | Data collection |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.287 Analysis</p> <p data-bbox="240 385 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 501 371 528">Documents :</p> <ol data-bbox="240 560 1185 645" style="list-style-type: none"> <li data-bbox="240 560 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="240 613 411 640">2. Agency Policy <p data-bbox="240 730 352 757">Interviews:</p> <ol data-bbox="240 788 584 927" style="list-style-type: none"> <li data-bbox="240 788 424 815">1. Facility Warden <li data-bbox="240 842 456 869">2. PREA Coordinator <li data-bbox="240 900 584 927">3. Incident Review Team Member <p data-bbox="240 1016 512 1043">Site Review Observations:</p> <ol data-bbox="240 1075 727 1102" style="list-style-type: none"> <li data-bbox="240 1075 727 1102">1. Discussed the Incident Review Team Process <p data-bbox="240 1191 483 1218">Findings (By Provision):</p> <p data-bbox="240 1249 1489 1541">115.287 (a-f) The auditor reviewed the facility uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence. The auditor reviewed the data collected in 2014 through 2021 as the data is compiled for a one-year (calendar) period after December. The Brunswick Community Corrections Alternative Program does not operate another facility or contract with other facilities for the confinement of its probates. The PREA Compliance Manager securely maintains all documentation used to compile the information and the Special Investigations Unit maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Warden confirmed the use of all facility data relative to this standard.</p> <p data-bbox="240 1572 1489 1666">Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the facility website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.</p> |

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| 115.288 | Data review for corrective action |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.288 Analysis</p> <p data-bbox="242 383 999 412">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1185 645" style="list-style-type: none"> <li data-bbox="242 557 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 584 929" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Warden <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 584 927">3. Incident Review Team Member <p data-bbox="242 1014 483 1043">Findings (By Provision):</p> <p data-bbox="242 1072 1489 1337">115.288 (a-d) Agency policy requires the facility to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the facility website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by probates and staff reports in 2014 through 2021. This information is approved by the Agency Director and posted on the agency website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Warden confirmed the use and data associated with this report during the interview. No facility data was redacted from the annual report for publication, and this was verified by the PREA Compliance Manager.</p> <p data-bbox="242 1364 1453 1460">Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action is required.</p> |

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| 115.289 | Data storage, publication, and destruction |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.289 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1185 645" style="list-style-type: none"> <li data-bbox="242 557 1185 586">1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses <li data-bbox="242 613 411 642">2. Agency Policy <p data-bbox="242 728 352 757">Interviews:</p> <ol data-bbox="242 786 582 929" style="list-style-type: none"> <li data-bbox="242 786 424 815">1. Facility Warden <li data-bbox="242 842 456 871">2. PREA Coordinator <li data-bbox="242 898 582 927">3. Incident Review Team Member <p data-bbox="242 1014 483 1043">Findings (By Provision):</p> <p data-bbox="242 1072 1493 1267">115.289 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by each facility and all information is forwarded to the Regional PREA Analyst. The PREA Compliance Manager collects the data and maintains electronic files on a secure server. The data report is approved by the Agency Director and the Facility Warden and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1299 1453 1395">Conclusion: Based on the auditor's review of the agency policy, facility website, interviews, and historical data, Brunswick Community Corrections Alternative Program is fully compliant with the provisions of this standard. No further action is required.</p> |

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 515 300">Standard 115.401 Analysis</p> <p data-bbox="242 385 999 414">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="242 499 371 528">Documents :</p> <ol data-bbox="242 557 1185 757" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. Postal Communications from Probates <p data-bbox="242 844 352 873">Interviews:</p> <ol data-bbox="242 902 633 1043" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator 3. Probates Providing Correspondence <p data-bbox="242 1131 509 1160">Site Review Observations:</p> <ol data-bbox="242 1189 750 1218" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="242 1305 483 1335">Findings (By Provision):</p> <p data-bbox="242 1364 1485 1559">115.401(a-n) The Brunswick Community Corrections Alternative Program has not conducted a PREA audit during this cycle as the facility name was changed from Brunswick Women's Pre-Release Work Center. However, the Brunswick Women's Pre-Release Work Center conducted there PREA audit on July 9, 2017, and the facility was found in compliance on 41 standards. The report concluded that 4 standards exceeded expectations (115.211, 115.217, 115.233, and 115.251), 37 met the standard, 0 did not meet the standards, and 2 standards were found to be not applicable (115.214, and 115.266). This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p data-bbox="242 1588 1461 1915">The auditor was authorized complete access to the entire facility and provided this access during the on-site review. No restrictions were placed on the auditor during the Pre-Audit, onsite review, and post audit phases. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with probates, staff, and contractors without limitations. The facility PREA Compliance Manager provided photographic evidence regarding the posting of the PREA Audit Notification in all probate living units on February 13, 2022. This posting provided the probates and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and probate interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received no postal communications from probates at Brunswick Community Corrections Alternative Program and no correspondence from staff. The interviews with staff and probates indicated knowledge of the posting and the address to write to the auditor.</p> <p data-bbox="242 1944 1481 2040">Conclusion: The auditor has determined based on the evidence provided by the facility and review of the facility website; the Brunswick Community Corrections Alternative Program meets compliance with the provisions of this standard. No additional action is required.</p> |

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| 115.403 | Audit contents and findings |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 515 300">Standard 115.403 Analysis</p> <p data-bbox="240 389 999 416">The following evidence was analyzed in making compliance determinations:</p> <p data-bbox="240 506 371 533">Documents :</p> <ol data-bbox="240 560 1185 757" style="list-style-type: none"> 1. Brunswick Community Corrections Alternative Program Pre-Audit Questionnaire Responses 2. Agency Policy 3. PREA Audit Notice Verification 4. Postal Communications from Probates <p data-bbox="240 846 352 873">Interviews:</p> <ol data-bbox="240 900 456 985" style="list-style-type: none"> 1. Facility Warden 2. PREA Coordinator <p data-bbox="240 1075 512 1102">Site Review Observations:</p> <ol data-bbox="240 1128 751 1155" style="list-style-type: none"> 1. Reviewed the Agency Website and Facility Data <p data-bbox="240 1245 483 1272">Findings (By Provision):</p> <p data-bbox="240 1308 1485 1393">115.403 (a-f) The auditor verified the final audit reports were published on the facility website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit.</p> <p data-bbox="240 1429 1485 1626">The Brunswick Community Corrections Alternative Program has not conducted a PREA audit during this cycle as the facility name was changed from Brunswick Women’s Pre-Release Work Center. However, the Brunswick Women’s Pre-Release Work Center conducted there PREA audit on July 9, 2017, and the facility was found in compliance on 41 standards. The report concluded that 4 standards exceeded expectations (115.211, 115.217, 115.233, and 115.251), 37 met the standard, 0 did not meet the standards, and 2 standards were found to be not applicable (115.214, and 115.266). This data was confirmed by the facility PREA Compliance Manager during the on-site review.</p> <p data-bbox="240 1662 1430 1715">Conclusion: Based on the evidence provided by the facility, the Brunswick Community Corrections Alternative Program meets substantial compliance with the provisions of this standard, and no further action is required.</p> |

| Appendix: Provision Findings | | |
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| 115.211 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.211 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | 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.) | na |
| 115.213 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 115.213 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | yes |
| 115.213 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 115.215 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.215 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |
| 115.215 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| 115.215 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |

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| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| 115.217 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.217 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.217 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | na |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |
| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | na |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

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| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |

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| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| 115.234 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| 115.234 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | yes |

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| 115.235 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.235 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | na |
| 115.235 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.235 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| 115.241 (a) | Screening for risk of victimization and abusiveness | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| 115.241 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.241 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.241 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| 115.241 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.241 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.241 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |

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| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

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| 115.242 (f) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

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| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |

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| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

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| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.261 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.261 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.261 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.261 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.262 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| 115.271 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |

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| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

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| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.276 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.277 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |

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| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.287 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.287 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | yes |
| 115.287 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.288 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.288 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.288 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

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| 115.289 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |