

PREA Facility Audit Report: Final

Name of Facility: Chesterfield Women's Community Corrections Alternative Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/18/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
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.	☐
Auditor Full Name as Signed: Alton Baskerville	Date of Signature: 05/18/2024

AUDITOR INFORMATION	
Auditor name:	Baskerville, Alton
Email:	alton.abm@preaauditors.com
Start Date of On-Site Audit:	04/16/2024
End Date of On-Site Audit:	04/17/2024

FACILITY INFORMATION	
Facility name:	Chesterfield Women's Community Corrections Alternative Program
Facility physical address:	7000 Courthouse Road, Chesterfield, Virginia - 23832
Facility mailing address:	

Primary Contact

Name:	Joseph Allotey
Email Address:	joseph.allotey@vadoc.virginia.gov
Telephone Number:	(804) 219-6845

Facility Director	
Name:	Renee Trent
Email Address:	renee.trent@vadoc.virginia.gov
Telephone Number:	(434)594-2203

Facility PREA Compliance Manager	
Name:	Roberta Jones
Email Address:	roberta.jones@vadoc.virginia.gov
Telephone Number:	O: (804) 929-5647

Facility Health Service Administrator On-Site	
Name:	Tranae Cearnal
Email Address:	tranae.cearnal@vadoc.virginia.gov
Telephone Number:	(804) 318-5874

Facility Characteristics	
Designed facility capacity:	168
Current population of facility:	108
Average daily population for the past 12 months:	84
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females

Age range of population:	21-61
Facility security levels/resident custody levels:	Community/Residential
Number of staff currently employed at the facility who may have contact with residents:	56
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	35

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:	8046743000

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

Name:	Tammy Barbetto	Email Address:	tammy.barbetto@vadoc.virginia.gov
--------------	----------------	-----------------------	-----------------------------------

Facility AUDIT FINDINGS

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:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-16
2. End date of the onsite portion of the audit:	2024-04-17

Outreach

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Virginia Sexual and Domestic Violence Action Alliance (VSDVAA)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	168
15. Average daily population for the past 12 months:	84
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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**

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	118
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:	0
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:	0
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:	0
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:	0
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:	14

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:	0
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:	3
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:	12
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 could not track the number and characteristics of various inmate groups.
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:	49
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:	66

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:	6
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:	No additional comments to add.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmates were selected from all housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ 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):	There were no barriers to interviewing the random or targeted inmates.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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".	
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	I do not have additional information to add.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	I do not have additional information to add.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	I do not have additional information to add.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	I do not have additional information to add.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	I do not have additional information to add.
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:	5
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	I do not have additional information to add.

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:	2
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:	3
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:	☒ 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. ☐ 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).	I do not have additional information to add.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers while completing interviews.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

10

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☐ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ 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):

There were no barriers.

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):

21

76. Were you able to interview the Agency Head?

- ☒ Yes
- ☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	I do not have additional information to add.

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.

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

☒ Yes

☐ No

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

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)?

☒ Yes

☐ No

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)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

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

☒ Yes

☐ No

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).	The auditor made announcements in each housing unit that the audit team will be randomly selecting confined persons to interview. Their cooperation would be appreciated if they were chosen.
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.	
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?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Ten random employee records were reviewed for PREA training and Refresher training, Criminal background checks and five-year background checks. Records were compliant. Twelve random inmate files were reviewed for initial risk screening, follow up 30-day screening, PREA training and acknowledge. The inmate records were compliant.
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	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	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	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	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	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	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	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ 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?	☒ Yes ☐ No ☐ 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?	☐ Yes ☒ No ☐ 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?	☒ Yes ☐ No ☐ 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:	4
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ 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:	4
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There are no additional comments.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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.

☐ Yes

☒ No

Non-certified Support Staff

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.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

2

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed - Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 - Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships, 10/01/2022 - Memorandum to the Probationers, 02/06/2023 - Posters - Organizational Chart (Agency and Facility) - Employee Work Profiles (Central, Eastern and Western Region) PREA/ADA Analyst - List of PREA Compliance Managers - PREA Unit Key Contact List - Interview with - Interviews: - Agency's PREA Analyst - Staff - PREA Coordinator

Auditor Discussion

OP 038.3 states “The DOC has a Zero Tolerance Policy that strictly prohibits staff, contractor, volunteer, and intern fraternization and sexual misconduct with inmates and probationers/parolees, or between inmates and CCAP probationers/parolees. The DOC actively works to prevent, detect, report, and respond to any violation. (5-ACI-3D-14; §115.11[a], §115.211[a])”

OP 135.2 states “A. The DOC has zero tolerance for all forms of sexual abuse and sexual harassment. See Operating Procedure 038.3, Prison Rape Elimination Act (PREA), for additional information on preventing, detecting, and responding to such conduct. (§115.11[a], §115.211[a])”

The Virginia Department of Corrections has an established policy that the Department of Corrections has a zero tolerance for all forms of sexual abuse and sexual harassment. The policy strictly prohibits any fraternization and sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders. The VADOC policy includes its prevention, detection, reporting and response strategies. The Prison Rape Elimination Act policy includes definitions of the following:

Abuse, Carnal Knowledge, Fraternization, Rape, Sexual Abuse, Sexual Assault, Sexual Harassment, Sexual Misconduct, Voyeurism

The Auditor observed the agency has included its approach towards prevention, detection and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's Prison Rape Elimination Act policy:

Offender Training, Employee and Volunteer Training, Employee, Contractor and Volunteer Screening, Offender Screening and Use of Screening Information
Responsibilities for Offenders, Responsibilities for Staff, Written Institutional Response Plan, First Responder Duties, Investigations
Reporting to Offenders, Protections against Retaliation, Management of Sexual Aggressors

The agency's policy stipulates the Director has designated a PREA/ADA Supervisor as the statewide PREA Coordinator to work in the office of the Chief of Corrections Operations with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The policy also dictates Regional PREA Analysts have been designated to oversee facility efforts and to direct facility PREA activities within their assigned region. Each Facility Unit Head has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

The Chesterfield Women’s Community Corrections Alternative Program has designated the Major responsible for duties of the PREA Compliance Manager. The Compliance Manager reports all PREA related information and compliance issues to the Regional PREA Analyst. The Regional PREA Analyst reports directly to the PREA/

ADA supervisor. The Chesterfield Women's Community Corrections Alternative Program is located in the Central Region.

Analysis/Reasoning:

The Auditor conducted a review of the Virginia Department of Corrections' policies. The Auditor observed the agency policy includes the agency's prevention, detection and response approaches towards sexual abuse and sexual harassment of offenders. The policy includes definitions of abuse, carnal knowledge, fraternization, rape, sexual abuse, sexual assault, sexual harassment, sexual misconduct, and voyeurism. The agency's policy includes sanctions for those found to have violated the agency's sexual abuse and sexual harassment policies and procedures. The VADOC has a clear policy that states, "The DOC has a Zero Tolerance Policy that strictly prohibits any fraternization, sexual misconduct by staff, contractors, or volunteers with offenders, or between offenders [and] DOC has zero tolerance for offender-on-offender sexual harassment, assault, or abuse."

The Auditor reviewed the agency's organizational chart. The VADOC has an Organizational Chart that outlines the position of the PREA coordinator and regional PREA/ADA Analyst. Each facility appoints a PREA Compliance Manager while the PREA/ADA Analyst works with PREA Compliance Managers and oversees PREA efforts in their assigned region. The Chesterfield Women's Community Corrections Alternative Program appointed the Institutional Operations Manager as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the Facility Superintendent and PREA/ADA Analyst for PREA related issues or concerns. The Auditor discussed the ability to develop, implement and oversee agency PREA efforts with the PREA Compliance Manager. The Auditor determined the PREA Compliance Manager has sufficient time and authority to oversee facility efforts to ensure compliance at the facility. The PREA/ADA Analyst responded quickly to the Auditor's questions and requests prior to, during and after the Auditor conducted the site visit. The PREA Compliance Manager and PREA/ADA Analyst are knowledgeable about the facility and requirements of the Prison Rape Elimination Act.

The Auditor observed the PREA Compliance Manager is responsible for:

Maintaining necessary documentation of all PREA standard compliance efforts; Act as the primary facility contact for the PREA Analyst in coordinating compliance; Ensure compliance with all PREA relative departmental, ACA and/or governing authority's policies and procedures; and
Provide regular feedback to the Unit Head and Regional PREA Analyst concerning policies, procedures, or practices that are not in compliance with the PREA standards.

A review of Work Description and Performance Plans reveal the agency has outlined PREA compliance related duties and responsibilities for the PREA Coordinator, Regional PREA/ADA Analysts, and PREA Compliance Managers. The plans specify the duties at each specific level and include the employee's immediate supervisor. The Auditor clearly established the chain of command allows each staff member in a

PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses.

The Auditor reviewed a memorandum addressed to the CWCCAP probationers. The memorandum was written in February 2023 by the CWCCAP Facility Superintendent. The Facility Superintendent informed the probationers the staff member's name and position who had been appointed to serve as the facility's PREA Compliance Manager. The memorandum informs the population the policy requires the facility to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The Auditor conducted formal interviews with offenders. Interviews with offenders reveal the population feels confident in staff's ability to respond to allegations of sexual abuse and sexual harassment. The offender population was able to articulate information to the Auditor based on the agency's education efforts. The population interviewed stated they have seen the PREA video and was provided written information upon their arrival. Offenders informed the Auditor staff are respectful, respond to their concerns professionally and appear to "care" about their issues and problems. Each offender was asked if they felt safe in the facility. Every offender interviewed by the Auditor stated they do feel safe in the facility.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff were well educated and had retained the knowledge provided through agency training. Each staff member understood the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. Each staff member has been trained within the previous 12 months. The agency trains its staff and contractors on an annual basis. Staff informed the Auditor the Shift Commanders routinely discuss the agency's PREA policies during shift briefings.

The agency's command staff supports subordinate staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The command staff maintains an "open-door" policy. Staff interviewed by the Auditor felt confident they could discuss any issue with the command staff. The facility's command staff are required to conduct regular tours throughout the facility.

Conclusion:

The Auditor observed some offices that are used to interview probationers were not visible to security staff as they make their rounds. To correct this problem, the Superintendent put out a memo to all staff on April 17, 2024. The memo stated: "Please ensure that your office arrangement provides for this visibility. If windows are not currently installed in your office/program area, please situate your office to be visible to staff and leave your door open when probationers are present." Work orders have been submitted to install windows in office doors in the Administration area, Detention Dorm area, and Mental Health Office. Auditor conducted a thorough review of the agency's policies, procedures, organizational charts, inter office memorandum, Employee Work Profiles and conducted interviews with staff and offenders. The Auditor determined the Virginia Department of Corrections has

	developed an appropriate zero-tolerance policy that includes its prevention, detection, and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient authority and effort to develop, implement and oversee agency efforts. Though not required, the agency employs several Regional PREA/ADA Analysts to supervise PREA compliance in an assigned region. The Auditor determined the VADOC meets the requirements of this standard.
--	--

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Operating Procedure 260.1, Procurement of Goods and Services, 08/01/2023 • Contracts/Renewals • Quarterly Facility Site Visits Reports • Lawrenceville Correctional Center Audit Report • Interviews: - Facility Superintendent - PREA Coordinator - Random Staff
	Auditor Discussion
	Operating Procedure 038.3 Through contracts and Board of Corrections operating standards, facilities and jails that contract for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a]) Any new contract or contract renewal will provide for DOC contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])
	Operating Procedure 260.1 All contracts for the confinement of DOC offenders must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (§115.12[a], §115.212[a]) Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. (§115.12[b], §115.212[b])
	Analysis/Reasoning: The Virginia Department of Corrections contracts for confinement of its inmates with

GEO Corrections & Detention, LLC. The GEO Group operates a private prison in Lawrenceville, Virginia. The prison is designed to hold up to 481 offenders for the Virginia Department of Corrections. The auditor reviewed the PREA Audit report of the Lawrenceville Correctional Center. The facility was last audited in August 2022. The Lawrenceville Correctional Center was found to have exceeded 5 standards and met the requirements of all additional standards. The Auditor reviewed the contract between the Virginia Department of Corrections and GEO Corrections & Detention, LLC. The Auditor reviewed the contract entered in August 2023 and all contract extensions and renewals since 2013. Each included provisions for the GEO Group to adopt and comply with the Prison Rape Elimination Act standards. The Auditor observed a provision in contracts that allows the VADOC to monitor GEO's compliance with PREA standards.

The Eastern Regional PREA/ADA Analyst conducts quarterly site visits at the Lawrenceville Correctional Center to monitor for compliance with the Prison Rape Elimination Act standards. The analyst completes a report following the site visit. The Quarterly Facility Site Visit Report requires the analyst document findings related to each PREA standard. The Virginia Department of Corrections staffs a VADOC person onsite at the Lawrenceville Correctional Center. The VADOC staff member monitors the agency's contract with GEO. The Contract Monitor is empowered to address concerns with the GEO Group's compliance with the Prison Rape Elimination Act.

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

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

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

The Virginia Department of Corrections houses inmates in local and regional jails across the state. There is no written agreement between the facilities and the Virginia Department of Corrections. Virginia Code allows for the confinement of VADOC inmates in those facilities. Each facility confining VADOC inmates is required to adopt and comply with the Prison Rape Elimination Act of 2003.

Conclusion:

The Auditor reviewed agency policies, contracts, contract renewals with the GEO Group, Quarterly Facility Site Visits Report, and the Lawrenceville Correctional Center's Audit Report. Agency contracts and renewals for the confinement of VADOC offenders include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Virginia Department of Corrections meets the requirements of this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 401.2, Security Staffing, 05/01/2023 • Operating Procedure 401.3, Administrative Duty Coverage, 03/01/2022 • Operating Procedure 401.1, Development and Maintenance of Post Orders, 12/01/2022 • CWCCAP Staffing Plan • CWCCAP Post Audit • CWCCAP Camera Report • CWCCAP Daily Duty Rosters • Post Logbooks • Interviews with the following: - Facility Superintendent - PREA Coordinator Auditor Discussion: Operating Procedure 401.2 The staffing plan for each facility is a combination of the facility's current Post Audit, approved Shift Design, and proper roster management utilizing the annual Master Roster and Daily Duty Rosters. (§115.13[a]; §115.213[a]) 1. The facility staffing plan takes into account posts that required specialized training or certification and Corrections Officer supervision of the opposite gender. 2. The facility staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities will take into consideration: (§115.13[a]; §115.213[a]) a. Generally accepted detention and correctional practices b. Any judicial findings of inadequacy c. Any findings of inadequacy from Federal investigative agencies d. Any findings of inadequacy from internal or external oversight bodies e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) (§115.213[a]) f. The composition of the offender population (§115.213[a]) g. The number and placement of supervisory staff h. Institution programs occurring on a particular shift i. Any applicable State or local laws, regulations, or standards j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse (§115.213[a]) k. Any other relevant factors (§115.213[a]) B. Each facility must make its best efforts to comply on a regular basis with the facility staff plan. In circumstances where the staffing plan is not complied with, the Facility Unit Head or designee must document and justify all deviations from the facility staffing plan. (§115.13[a], §115.13[b]; 115.213[b]) C. By January 31 of each year and more frequently if needed, the Facility Unit Head or designee will review their existing staffing plan for the facility. (§115.13[c]; §115.213[c])

Operating Procedure 401.3

Between the Facility Unit Head and the Assistant Facility Unit Head, each institution's living and activity areas shall be visited weekly. Conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds should be made intermittently during the month and can be scheduled as part of the 24-hour clock. (§115.13[d])

Operating Procedure 401.1

Post Orders will require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. (§115.13[d]) 1. Supervisors are prohibited from notifying staff of unannounced rounds. 2. Supervisors of the opposite gender must announce their presence when entering an offender housing unit to conduct their unannounced rounds; this announcement must be document in the post logbook. 3. Unannounced rounds must be conducted intermittently during the month and must be conducted on both night and day shifts.

Analysis/Reasoning:

On January 24, 2024, Facility Superintendent, PREA Compliance Manager, Maj./Asst. Facility Superintendent, and Senior Probation Officer met to review the current staffing plan for sufficient compliance with PREA Standard 115.13.

CWCCAP is a community/residential female facility with a design capacity of 168 beds and current population of 108 inmates. The current post audit dated April 28, 2021, has a required FTE of 35.37 with an authorized FTE of 35.

CWCCAP currently operates a Max PRO camera monitoring system that has recording capabilities. CWCCAP has a total of 45 cameras. Cameras are reviewed weekly to ensure they are recording and in working condition. Camera monitors are in Master Control and Facility Superintendent's office. The PREA Compliance Manager has camera access and makes random checks. The PCM makes physical rounds at CWCCAP on a frequent basis. The PREA investigator has camera access, makes frequent checks, and utilizes video surveillance during investigations. The facility has 45 cameras that can be viewed from the following areas:

- Master Control
- Superintendent's Office
- Chief of Security's Office
- Watch Commander's Office
- C- Dorm Control Room

The Auditor reviewed a sampling of CWCCAP unannounced rounds documented in PREA Logbooks. The sampling covered each shift from the 12 months prior to the audit. Facility Lieutenants, Sergeants, Major, and Superintendent each conduct unannounced rounds through all facility areas. Unannounced rounds are documented in the PREA Logbook by date and time. Each supervisor initials the logbook after including their name. The Auditor observed unannounced rounds are

	occurring on each shift at various times throughout the shift in all housing areas. Since August 20, 2012, or last PREA audit, whichever is later: The average daily number of residents: 102-The average daily number of residents on which the staffing plan was predicated: 102 While touring the facility the Auditor observed staff making security rounds in housing units and support areas of the facility. Staff were present in all areas toured by the Auditor. Security and medical personnel were observed interacting with the inmate population. The Auditor observed camera placements throughout the facility. Cameras were strategically placed to assist in the prevention, detection and response to incidents of sexual abuse. Facility areas that are not monitored by cameras are toured by security personnel. The Auditor observed the need for additional cameras in the housing areas and the kitchen and storage areas. The facility submitted a purchase order for additional cameras. Also, they are to receive cameras from the recently closed Stafford men's CCAP. The Auditor observed supervisors making unannounced rounds throughout various facility areas, to include housing units. The Auditor conducted formal interviews with staff and supervisors from various shifts. Staff were asked if supervisors conduct unannounced rounds throughout the facility. Each staff member stated supervisors do make unannounced rounds throughout the facility. Supervisors were asked if they were required to make unannounced rounds. The Auditor conducted formal interviews with offenders. Offenders were asked if supervisors announce their presence when entering housing units. Offenders informed the Auditor male supervisors do announce their presence as a male when entering housing units. The Auditor observed PREA Logbooks include a notation of opposite gender announcements for male supervisors. Conclusion: The Auditor concluded the facility has an adequate staffing plan to ensure the protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, post audit, post audit review, Daily Duty Rosters, PREA Logbook, camera reports, interviewed staff and offenders and made observations to determine the facility meets the requirements of this standard.
--	--

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 350.2, Training and Development, pg. 11, July 01, 2021 • Operating Procedure 401.1, Development and Maintenance of Post Orders, pg. 6, December 1, 2022

- Operating Procedure 401.2, Security Staffing, pg. 8, May 01, 2023
- Operating Procedure 445.4, Screenings and Searches of Persons, pg. 16-17, September 01, 2021
- Operating Procedure 720.2, Medical Screening, Classification, and Levels of Care, pg. 9, October 1, 2023
- Operating Procedure 801.1, Facility Physical Plant and Sanitation, pg. 3, January 1, 2022
- Post Logbooks
- CWCCAP Memorandums
- Training Curriculum Training Records
- Interviews with:
 - Facility Superintendent
 - PREA Coordinator
 - Random Staff
 - Random Resident

Auditor Discussion:

Operating Procedure 350.2

G. Security Staff

1. All new Corrections Officers (and any other inmate/probationer/parolee care workers at Community Corrections Alternative Programs - CCAP) receive at least 120 hours of training (in addition to orientation) during their first year of employment. At a minimum this training covers the following areas: (5-ACI-1D-12; 4-ACRS-7B-17; 1-CTA-3A-21)
 - a. Security and safety procedures
 - b. Emergency and fire procedures
 - c. Supervision of inmate/probationer/parolees
 - d. Suicide intervention/prevention
 - e. Use-of-force
 - f. Inmate/probationer/parolee rights
 - g. Key control
 - h. Interpersonal relations
 - i. Communication skills
 - j. Standards of conduct
 - k. Cultural awareness
 - l. Sexual abuse/assault interventions
 - m. Code of ethics
 - n. Cross gender frisk searches and searches of transgender and intersex inmate/probationer/parolees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs (§115.15[f], §115.215[f])

Operating Procedure 401.1

VI. Supervisor's Post Orders

- A. The Chief of Security will maintain written post orders for each security supervisory position below the level of Chief of Security, except for Unit Managers.
- B. Supervisor post orders must follow the standard post order content and format

requirements with the addition of listing the posts directly supervised; see Attachment 1, Security Post Order. C. Supervisor post orders will require supervisory staff to read all post orders for their assigned area. D. Post Orders will require supervisory staff to conduct a daily patrol, including holidays and weekends, of all areas occupied by inmates and CCAP probationers/parolees and submit a Security Supervisor's Daily Activity Report similar to 430_F7 to their supervisor. Unoccupied areas are to be inspected weekly. E. Post Orders will require that Lieutenants and above conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. (§115.13[d])

1. Supervisors are prohibited from notifying staff of unannounced rounds.
2. Supervisors of the opposite gender must announce their presence when entering an inmate and CCAP probationer/parolee housing unit to conduct their unannounced rounds; this announcement must be documented in the post logbook.
3. Unannounced rounds must be conducted intermittently during the month and must be conducted on both night and day shifts.

Operating Procedure 401.2

VI. Corrections Officer Supervision of the Opposite Gender A. Staff must maintain proper professional relationships with other staff, visitors, inmates, and probationers/parolees of the opposite gender at all times; see Operating Procedure 135.1, Standards of Conduct, Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Inmates and Probationers/Parolees, and Operating Procedure 135.3, Standards of Ethics and Conflict of Interest. B. Corrections Officers of the opposite gender as the inmates or CCAP probationers/parolees can supervise a housing unit when appropriate physical modifications to the toilet and shower areas were made to provide inmates and CCAP probationers/parolees with a reasonable degree of privacy.

1. Staff must allow inmates and CCAP probationers/parolees 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 housing unit checks. (§115.15[d]; §115.215[d])
2. Staff of the opposite gender must announce their presence when entering a housing unit and must document these announcements in the post logbook. (§115.15[d]; §115.215[d])

Operating Procedure 445.4

One Corrections Officer and one other DOC employee both of whom are of the same gender as the inmate or CCAP probationer/parolee or of the gender indicated on the approved Strip Search Deviation Request will accompany the inmate or CCAP probationer/parolee into an appropriate area where privacy can be ensured. (5-ACI-3A-21; 4-ACRS-2C-06; §115.15[a], §115.215[a]) a. No person of the opposite gender can be present or witness the strip search. b. The inmate or CCAP probationer/parolee will remove every article of clothing including wigs, dentures, etc. and give them to the Corrections Officer for inspection. c. While the inmate or CCAP probationer/parolee is disrobed, DOC employees will conduct a visual

inspection of the inmate's or CCAP probationer's/parolee's head, hair, mouth, torso, pelvic area, legs, and feet. d. The inmate or CCAP probationer/parolee will spread their legs; bend over, spread their buttocks, squat and cough, and raise arms, penis, scrotum, and breasts during the visual inspection. e. At no time during the visual inspection will DOC employees touch the inmate or CCAP probationer/parolee or conduct any physical intrusion into the individual's rectal or vaginal cavities f. The inmate or CCAP probationer/parolee must be allowed to dress immediately after the search. 4. Strip searches of inmates and CCAP probationers/parolees by DOC employees of the opposite gender from the inmate or probationer/parolee or the gender indicated on their approved Strip Search Deviation Request may only be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative. (5-ACI-3A-21; §115.15[a], §115.215[a]) a. Prior to conducting the search, the Shift Commander must approve the search and will be responsible to notify the ADO and the Regional PREA Analyst.

C. Frisk Searches 1. Male or Female Corrections Officers will frisk search male inmates and CCAP probationers/parolees. 2. Female Corrections Officers, only, will frisk search female inmates and CCAP probationer/parolees unless there is an immediate threat to the safe, secure, orderly operation of the facility and there are no Female Corrections Officer available nor other available alternative, in which case Male Corrections Officers may frisk search female inmates and CCAP probationers/parolees subject to the following conditions. a. Prior to the search, the Shift Commander must approve the search and will notify the ADO and the Regional PREA Analyst. b. The Corrections Officers conducting the search must submit an Internal Incident Report; see Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§ 115.15[c], § 115.215[c]) 3. Access to regularly available programming or other out of cell opportunities for female inmates and CCAP probationers/parolees must not be restricted in order to comply with the search requirements. (§115.15[b], §115.215[b])

E. Body Cavity Searches 1. Body cavity searches on CCAP probationers/parolees will not be conducted. (4-ACRS-2C-04[CC], 4-ACRS-2C-05[CC]; §115.215[a], §115.215[c]) 2. For Institutions, the Facility Unit Head or ADO may authorize the body cavity search of an inmate any time there is reasonable belief that the inmate might be concealing contraband within a body cavity. The Regional Administrator must approve any use of force in conducting a body cavity search of an inmate. (5-ACI-3A-20; 4-ACRS-2C-04[I]) a. The inmate must first be given a strip search in accordance with this operating procedure. b. A medical practitioner, only, will conduct the body cavity search and inspection in private. (5-ACI3A-20, 4-ACRS-2C-05[I]; §115.15[a]) i. The medical practitioner conducting the body cavity search may or may not be the same gender as the inmate being searched. ii. At least one DOC employee of the same gender as the inmate being searched or of the gender indicated on an approved Strip Search Deviation Request must be present at all times. iii. The inmate must be allowed to dress immediately after the search.

Operating Procedure 720.2

A physical examination will not be conducted for the sole purpose of determining the genital status when a transgender or intersex inmate's offender's genital status is unknown. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private. (§115.15[e], §115.215[e])

Operating Procedure 801.1

Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. (§115.15[d], §115.215[d])

Analysis/Reasoning:

The CWCCAP houses female offenders. The Auditor conducted a review of facility shift rosters.

Offenders were asked if they had been pat-searched or strip searched by a staff member of the opposite gender of the offender. Offenders informed the Auditor they had not been pat searched or strip searched by a male staff member. The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit. The Auditor reviewed each PREA Logbook which includes documentation that opposite gender supervisors are announcing their presence when entering the offender housing units.

The Auditor observed opposite gender announcements documented in post logbooks. This facility did not conduct any strip searches of inmates for the sole purpose of determining the inmate's genital status. In the past 12 months, there were zero (0) number of cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, there were zero (0) number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. There were zero (0) number of pat-down searches of female inmates that were conducted by male staff. There were zero (0) number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s).

One hundred (100) percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (the percentage given does not necessarily indicate compliance or non-compliance with the standard).

Conclusion:

The Auditor conducted a review of VADOC policies and procedures, training curriculum, training attendance rosters, shift assignment rosters, post logbooks, interviewed staff, offenders and made observations. The Auditor concluded the CWCCAP staff had been appropriately trained to conduct cross-gender searches and

	how to make opposite gender announcements when entering housing units. Offenders have the ability to shower, change clothes and use the restroom with a level of privacy. The Auditor determined the CWCCAP meets the requirements of this standard.
--	---

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022 • Offender Handbook • Zero Tolerance Brochure • Purple Communications, Inc. Contract • Propio-LS, LLC. Contract • Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training • Training Records • Memo • Observations • Interviews: Agency Head Random Staff Random Residents Auditor Discussion: Operating Procedure 038.3 Disabled and LEP Inmates and CCAP Probationers/Parolees (§115.16, §115.216) 1. Staff must take appropriate steps to ensure that inmates and CCAP probationers/parolees with a disability have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. (a) Inmate and CCAP probationer/parolee disabilities include but are not limited to deaf or hard of hearing, blind or have low vision, and inmates and CCAP probationers/parolees with intellectual, psychiatric, or speech disabilities or limited reading skills. The agency has a policy that requires staff take appropriate steps to ensure probationers with disabilities or limited English proficient 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. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and

those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:

- Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and
- Providing written materials in formats or through methods that ensure effective communication with probationers with disabilities, including probationers who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The agency's policy states the VADOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Agency policy prohibits utilizing offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of the first-responder duties or the investigation of the offender's allegations.

Analysis/Reasoning:

The Auditor reviewed the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment handout for probationers. Each offender receives a copy upon arrival at the CWCCAP. The handout is written in English, Spanish and maintained for the hearing impaired. The hearing-impaired copy includes different avenues for reporting through the telephone. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to probationers who are blind or have low vision or who cannot otherwise obtain the information. The facility maintains its Offender Handbook in Braille for probationers who can read in Braille. Probationers who are deaf or hard of hearing can read the written information. The facility's PREA video is both verbal and closed captioned for those who are either deaf or blind. The facility maintains the PREA video in English and Spanish. In the event the facility receives an offender with an intellectual or cognitive disability, a staff member conducts an individual session with the offender to ensure the offender receives an understanding of the agency's PREA information and comprehensive education.

The CWCCAP Offender Handbook includes the following information:

Reporting
Emotional Support
Zero Tolerance
Rights
How to Get Help
Definitions

Residents who cannot read English or Spanish can benefit from the facility's PREA information through the use of the language line service. The agency maintains a contract with a provider for telephonic translation services. When the agency cannot

provide a staff interpreter, staff read the information to the interpreter who translates the information to the offender. Each staff member interviewed was asked if the facility relies on offender interpreters or readers. Staff informed the Auditor they do not rely on offender interpreters or readers.

The facility's comprehensive educational video is maintained on a CD and titled, "PREA: What You Need to Know." The Auditor reviewed the comprehensive educational video. The video is closed captioned for the deaf or hard of hearing. Residents who are blind or have low vision can hear the information being played through the video. Comprehensive education is provided through televisions in the intake area. The agency ensures probationers view the video during the booking process. Residents who cannot otherwise benefit from the comprehensive education attend a one-on-one session with a facility staff member.

Each resident entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided the comprehensive education within 10 days of arriving at the facility. Residents are required to sign receipt of the written information and comprehensive educational session. The information and education is provided during booking. Each resident is provided a written copy of the Offender Handbook during the booking process. Probationers sign a Preventing Sexual Abuse and Assault Training Acknowledgement form for the information and education.

During the pre-audit, the auditor was provided with a copy of a contract with Purple Language Services, Co. for sign language translation and video remote interpreting. This contract was dated November 1, 2023, through April 30, 2024. During the pre-audit, the auditor was provided with sexual assault awareness brochures in English and Spanish as well as a brochure for the hearing impaired.

Per a memo dated February 1, 2024, "During the 2023/2024 audit period, Chesterfield Women's Community Corrections Alternative Program did not receive inmates with disabilities including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. Nor did the facility receive inmates with limited English proficiency. However, if Chesterfield Women's Community Corrections Alternative Program receives an inmate who needs services, the facility is obligated to use a Certified American Sign language Interpreter for deaf inmates, Propio Language Service line to facilitate or render services to inmates with Limited English proficiency, and etc. Lastly, the facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants".

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

Conclusion:

	The DOC has a contract with Purple Language Services and (November 1, 2023, through April 30, 2024) to provide American Sign Language services for hearing impaired residents. The DOC brochure, “Sexual Assault Awareness and Prevention” and the PREA posters that are displayed throughout the facility are in both English and Spanish. The Auditor conducted a thorough review of the agency's policies, procedures, Offender Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, comprehensive educational video, interpretive services contracts, offender records, training records, conducted interviews with staff, residents, and made observations to determine the agency meets the requirements of this standard.
--	--

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 102.2 Recruitment, Selection and Appointment, August 1, 2023 • Operating Procedure 102.3 Background Investigation Program, November 1, 2023 • Operating Procedure 260.1 Procurement of Goods and Services, August 1, 2023 • Operating Procedure 135.1, April 1, 2023 • Employee Records • Contractor Records • Background Investigation Questionnaire • Employment Application • Employee Self-Assessment Form • Criminal History Background Tracking Mechanism • Interviews: - Staff Auditor Discussion: Operating Procedure 102.2 H. Eligibility 1. The DOC will not hire or promote anyone for a position that may have contact with inmates, probationers, or parolees who has been: (§115.17[a], §115.217[a]) a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. §1997, Civil Rights of Institutionalized Persons). b. Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Civilly or administratively adjudicated to have engaged in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

2. The DOC must consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates (§115.17[b], §115.217[b])

3. The DOC must ask all applicants and employees who may have contact with inmates, probationers, or parolees directly about previous misconduct described in paragraph a., of this section in written applications or interviews for hiring or promotions. (§115.17[f], §115.217[f])

Operating Procedure 102.3

J. The DOC will not hire or promote anyone who may have contact with inmates/probationers/parolees, and will not enlist the services of any contractor who may have contact with inmates/probationers/parolees, who: (§115.17[a], §115.217[a])

1. 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, Definitions.

2. Has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

3. Has made material omissions regarding such misconduct, or has provided materially false information, material omissions or providing false information will be grounds for termination. (§115.17[g], §115.217[g])

K. The DOC will 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 inmates/probationers/parolees. (§115.17[b], §115.217[b])

L. Before hiring new employees, who may have contact with inmates/probationers/parolees, the DOC will: (§ 115.17[c], §115.217[c])

1. Perform a criminal background records check, i.e., Virginia Criminal Information Network (VCIN)

2. 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.

M. All DOC facilities will perform a VCIN before enlisting the services of any contractor who may have contact with inmates/probationers/parolees. All DOC community based administrative offices should perform a VCIN before enlisting the services of any contractor who will have unescorted contact with inmates/probationers/parolees. (§115.17[d], §115.217[d])

N. The DOC will perform a VCIN at least every five years on current employees and contractors. A VCIN will be conducted annually for sensitive specialist assignments.

1. The Human Resources Officer for each organizational unit will ensure VCINs are conducted and documented as required. (§115.17[e], §115.217[e])

Operating Procedure 260.1

2. The DOC must not enlist the services of any contractor who may have contact with inmates or probationers/parolees, who: (§115.17[a,b], §115.217[a])
- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 U.S.C. 1997 et seq. Civil Rights of Institutionalized Persons.
 - b. Has been civilly or administratively adjudicated to have engaged or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
 - c. The DOC must consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with inmates or probationers/parolees. (§115.17[b], §115.217[b])
 - d. The DOC must also perform a criminal background record check and any applicable drug test before enlisting the services of any contractor who may have contact with inmates or probationers/parolees. (§115.17[d], §115.217[d])

Operating Procedure 135.1

Material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force will be grounds for termination. (§115.17[g], §115.217[g])

Analysis/Reasoning:

During the onsite audit visit, this Auditor randomly selected (12) employee personnel files to review at the time of the interview with the Human Resource professional onsite. The VADOC requires that all applicants apply for any positions online. Included in the employment application are the (3) required PREA questions. If any of those questions are answered with a “yes”, the system will automatically kick the application out of the system as ineligible for employment. The application also contains a statement that must be acknowledged that the applicant understands that any false information provided to the Commonwealth could result in termination and/or prosecution. The local facility will run an initial background check on those that are chosen to move forward through the interview/hiring process. This background check is known as a VCIN check, which standards for Virginia Commonwealth Information Network. If an applicant is selected for employment, their information is then sent to the Background Unit at VADOC headquarters in Richmond for a more in-depth background. This is when references are checked and if the applicant has worked at another correctional facility, this unit reaches out to that institution to ask the required questions. Those responses are noted on the background report.

The institution’s Human Resource office tracks the required background checks. These are done every five years. Background checks are required as part of the promotion process. In addition, the applicant for promotion is also required to answer the (3) questions regarding any PREA related cases against the applicant. These questions are also required of every employee during the annual

	performance review process. Contractors and volunteers are also required to have background checks prior to contact with probationers. The Auditor conducted formal interviews with contractors. Contractors were asked if they were aware the agency conducts a criminal record background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they are asked those questions on the Background Investigation Questionnaire. Each stated they are required to sign the form prior to performing services. Each contractor was aware the VADOC has a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse. In the past 12 months, there were 27 number of persons hired who may have contact with inmates who have had criminal background record checks. In the past 12 months, there was 1 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. Conclusion: The Auditor concluded the CWCCAP is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Confidential Summary Background Investigation Report, Employment Application, Employee Self-Assessment, Criminal History Background Check Tracking, and interviewed staff and contractors to determine the agency meets the requirements of this standard.
--	--

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 801.1, Facility Physical Plant and Sanitation, • Interview: Staff Auditor Discussion: Operating Procedure 801.1 D. The effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect the inmates or CCAP probationers/parolees from sexual

	abuse will be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. (§115.18[a], §115.218[a]) E. For new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility will take into consideration how such technology may enhance their ability to protect inmates or CCAP probationers/parolees from sexual abuse. (§115.18[b], §115.218[b]) The Virginia Department of Corrections policy is to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect probationers from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance their ability to protect probationers from sexual abuse. Per a memo dated February 1, 2024, "During this audit period, Chesterfield Women's Community Correction Alternative Program has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology or since the last PREA audit. The following were changes made at the facility since the last audit at Chesterfield Women's Community Correction Alternative Program: •The facility did not make any significant expansion at the facility; however, a shakedown/search area structure (trailer) was added to the sallyport area in 2022-2023 •In 2023, Offices and Cubicles were added to the multi-purpose room (library) for the contract workers to use as office space. •Facility has installed window in one staff office to allow visual security check at the office during staff and inmate appointment. This is an ongoing product with hope of equipping all staff offices with a window. Conclusion: The Auditor conducted a review of the agency's policies, procedures, interviewed staff and made observations to determine the facility meets the requirements of this standard.
--	---

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedures 030.1, Evidence Collection and Preservation, November 1,

2021

- Operating Procedures 030.4 Special Investigations Unit, pg. 10-11
- Operating Procedures 038.3 Prison Rape Elimination Act, pg. 13
- Operating Procedures 720.7 Emergency Medical Equipment and Care, pg. 9
- Operating Procedures 730.2, Mental Health Services: Screening, Assessment and Classification pg. 8
- Virginia Forensic Nurse Examiner Programs
- Virginia Sexual and Domestic Action Alliance Contract
- Interviews
 - Staff
 - SANE
 - Victim Advocate

Operating Procedures 030.1

I. Evidence

A. This operating procedure provides 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 will be addressed. (5-ACI-3A-42, 5-ACI-3D-17; 4-ACRS-2C-03; §115.21[a., b], §115.221[a., b])

B. Each facility and P&P District will designate an employee to serve as the Evidence Manager to oversee secure storage of evidence for their unit.

C. Each facility and P&P District will designate a secure evidence storage space for that unit.

1. Physical evidence must be stored in a safe or other such locked area with restricted access and each item placed into or removed from the designated secure evidence storage space must be documented. a. Only designated staff members are authorized to possess the combination or key to the secure evidence storage area and have access to the secure evidence storage area. b. A logbook must be kept in each secure evidence storage area. Any person opening the secure evidence storage area will make an entry in the logbook recording their name, the date and time of the opening, and a brief description of any item placed in or removed from the storage area. c. Each entry into the secure evidence storage space will be documented in the secure evidence storage log indicating; date and time of entry, name and title of employee making access and reason for access. 2. Each facility will be provided a designated digital storage folder accessible through the DOC network for storage of audio/video recordings and other digital evidence.

D. Principles of evidence:

I. Evidence

A. This operating procedure provides 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 will be addressed. (5-ACI-3A-42, 5-ACI-3D-17; 4-ACRS-2C-03; §115.21[a., b], §115.221[a., b])

- B. Each facility and P&P District will designate an employee to serve as the Evidence Manager to oversee secure storage of evidence for their unit.
- C. Each facility and P&P District will designate a secure evidence storage space for that unit.
1. Physical evidence must be stored in a safe or other such locked area with restricted access and each item placed into or removed from the designated secure evidence storage space must be documented.
 - a. Only designated staff members are authorized to possess the combination or key to the secure evidence storage area and have access to the secure evidence storage area.
 - b. A logbook must be kept in each secure evidence storage area. Any person opening the secure evidence storage area will make an entry in the logbook recording their name, the date and time of the opening, and a brief description of any item placed in or removed from the storage area.
 - c. Each entry into the secure evidence storage space will be documented in the secure evidence storage log indicating; date and time of entry, name and title of employee making access and reason for access.
 2. Each facility will be provided a designated digital storage folder accessible through the DOC network for storage of audio/video recordings and other digital evidence.
- D. Principal types of evidence:
1. Contraband seized from an inmate/probationer/parolee, visitor, staff, or found on DOC property
 2. Hardcopy documents
 3. Reports of chemical or laboratory tests
 4. Forensic physical or trace evidence collected from a victim or crime scene
 5. Audio and/or video recordings
 6. Digital evidence - computer files or data storage media
 7. Electronic
- E. Reports related to investigations, incidents, disciplinary actions (staff or inmate/probationer/parolee), or legal action should include a description of any relevant evidence and the disposition of that evidence. (5-ACI-3C-08)
- II. Physical Evidence
- A. Any contraband discovered, such as weapons, ammunition, explosives, illegal drugs, evidence of gang activity, mobile devices, and other material involved in an official investigation should be considered evidence.
1. In facilities, any officer or other employee discovering this type of evidence must immediately contact the Shift Commander, who will contact the designated Evidence Manager. The DOC Special Investigations Unit will be notified in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents, when drugs or weapons are found.
 2. In P&P Districts, contraband related to a probationer/parolee that may be used as evidence should be turned over to law enforcement officers for handling and storage whenever practicable; see Operating Procedure 910.1, Probation and Parole

Office and Staff Safety and Security. If evidence must be retained in a P&P District, it will be documented and placed in the control of the designated Evidence Manager in accordance with this operating procedure.

B. When an item of physical evidence is discovered, the individual employee discovering the item will document the date, time, and location the item was discovered. As soon as practicable, this information will be entered on an Evidence Custody Report 030_F13.

1. If the Special Investigations Unit or law enforcement will be investigating, the evidence should be left in place and the area secured as a crime scene if practicable; see the Crime Scene Integrity section of this operating procedure.

2. The employee who originally discovers the item of evidence should maintain complete control of the item.

3. The discovering employee will not pass the item of evidence to another employee for inspection and it must remain in the possession or control of the discovering employee at all times until it is turned over to the appropriate investigator or other authority.

C. If the employee discovering the evidence needs to transfer the evidence to another individual, the discovering employee must document the transfer on an Evidence Custody Report 030_F13 with the date, time, and signature of the receiving individual in the Chain of Custody section.

D. All items of evidence should be placed in an evidence container, sealed, and stored in the following manner:

1. The employee must clearly label the container with the name of the employee discovering the evidence, name of suspect/victim, reason for collection of the evidence, description of the evidence, location of discovery, and the date and time.

All mobile devices will be wrapped in aluminum foil. Caution: Weapons or other items, from which fingerprints may be detected, should not be stored in plastic bags.

2. The bag, envelope, or container should be sealed by the employee discovering the evidence with their initial on the seal of the container. Each flap and seam of the envelope should be sealed with clear transparent tape.

3. All properly sealed evidence containers and Evidence Custody Reports will be given personally to the appropriate Evidence Manager as soon as possible with the transfer documented in the Chain of Custody section.

4. If kept at the facility or P&P Office, the evidence and related Evidence Custody Report should be placed in the designated secure evidence storage space.

a. If an evidence safe is not available or suitable to the evidence item, the evidence should be placed under lock in a secure evidence storage area where only designated staff members may have access.

b. The item should be left there until turned over to the DOC Special Operations Unit or Special Investigations Unit, used in Court, or the case has otherwise been resolved.

5. Employees should handle evidence with extreme care to prevent evidence from becoming contaminated and to prevent injury. When practical, gloves should be worn to handle evidence and evidence should not be moved until a proper evidence

container is available.

6. Evidence related to any investigation conducted by the DOC Special Operations Unit or Special Investigations Unit should be held as per this operating procedure and handled as directed by the DOC Special Operations Unit or Special Investigations Unit Investigator.

E. Physical evidence not suitable for designated secure evidence storage spaces

1. Alcohol discovered within the facility, other than that involved in an investigation, must be destroyed under supervision of two employees and a record maintained of such destruction.

2. All illegal drugs other than alcohol, or other material involved in an official investigation, must be turned over to the DOC Special Investigations Unit, local or state police, or, upon a Court order, destroyed in an appropriate manner by facility personnel and a record of the transaction maintained.

3. Over-sized items that do not fit into designated secure evidence storage spaces or evidence containers may be tagged and placed in a secure location.

4. Perishable evidence items (such as food) may be photographed or documented by written description on a Disciplinary Offense Report or Internal Incident Report. The Evidence Manager may then authorize disposal of the perishable evidence.

III. Digital Items and Audio/Video Recordings as Evidence

A. Each facility is provided a digital storage folder on the DOC network for secure storage of digital documents and audio video recordings that may be needed as evidence. This folder is suitable for storage of:

1. Camera recordings and video clips related to incidents
2. Recordings of inmate/probationer/parolee telephone calls
3. Digital photographs of evidence
4. Incoming or outgoing inmate secure messages
5. Any other evidence suitable for storage in a digital format

B. Management of Digital Storage Folders

1. Digital evidence will be given a file name consisting of the facility name abbreviation, date of the incident, inmate/probationer/parolee number, and a sequential number added if there are multiple files related to the same inmate/probationer/parolee on the same date.

a. File name example - WRSP041518_1234567-2 is a recording made at Wallens Ridge State Prison on April 15, 2018. It is the second recording on this date related to inmate/probationer/parolee number 1234567 (this may be 2 different incidents or 2 different recordings of the same incident).

b. Inmate/probationer/parolee number 9999999 may be used if no inmate/probationer/parolee is identified with the incident.

2. Files should be uploaded onto the facility's designated digital storage folder immediately after the incident is concluded. The successful upload must be confirmed before the recording is erased from the camera or other data storage device.

3. The file name(s) will be listed in the related Internal Incident Report, Disciplinary Offense Report, or Incident Report. The recording will not be attached to the Report.

C. Digital Storage Folder Access

1. Access to facilities' designated network storage folders is available to authorized users only. Approved users will receive confirmation and connection details from the Information Technology Unit (ITU) Security and the Director of Security and Correctional Enforcement. All access requests must be submitted on the Digital Storage File Access 030_F14; requests submitted in any other manner will not be approved.
2. Access to each facility's digital storage folder will be limited to designated facility staff as requested and approved by the Facility Unit Head on the Digital Storage File Access 030_F14.
3. A separate Digital Storage File Access 030_F14 will be completed for each request for staff access and must be submitted to the Regional Operations Chief and forwarded to the Director of Security and Correctional Enforcement for final approval and assignment by ITU Security.
4. Levels of access to files on the facility's digital storage folder will vary depending on operational needs and may include:
 - a. Read Files Access - i.e., Auditors
 - b. Read & Execute Access (View) - e.g., Department Duty Officers, Regional Duty Officers, Special Investigations Unit, others as designated by the Facility Unit Head i.e., Administrative Duty Officers
 - c. Read & Write Files Access (Copy, Save, Send Files) - e.g., Institutional Investigator, Intelligence Officer
 - d. Delete Files - ITU staff only with written approval of Director of Security and Correctional Enforcement
 - i. Requests for the deletion of files from a facilities' Digital Storage Folder must be submitted in writing to the Director of Security and Correctional Enforcement.
 - ii. The Director of Security and Correctional Enforcement will review the request and if approved, the written request will be forwarded to ITU Security as authorization to delete the file.
 - e. Remove Access - ITU staff only with approval of Director of Security and Correctional Enforcement
5. The Regional Operations Chief will request access for Regional Office staff utilizing the Digital Storage File Access 030_F14 submitted to the Director of Security and Correctional Enforcement for final approval and assignment by ITU Security.
6. All other requests for access must be submitted on the Digital Storage File Access 030_F14 to the Director of Security and Correctional Enforcement for approval and assignment by ITU Security.
7. Copies of files may be provided to law enforcement and other non-DOC agencies only with the approval of the Chief of Corrections Operations or designee.
8. Cameras and data storage media must be carefully controlled and secured at all times to prevent unauthorized access to and misuse of digital evidence.
- D. If a grievance is received that references a specific audio or video recording, a copy of the recording must be saved in the digital storage folder.
- E. When an investigation is conducted, the digital evidence must be made available

to the investigative unit and must become part of the investigation file.

F. The digital evidence must be retained for at least five years after the date of the incident.

G. If a lawsuit is filed or an investigation is in progress, the digital evidence must be retained until the investigation or lawsuit is completed.

Procedure 030.4

G. Evidence Protocol and Forensic Medical Examinations

1. SIU has an established uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (§115.21[a], §115.221[a])

2. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011. (115.21[b], §115.221[b]) 3. If requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interview. (§115.21[e], §115.221[e]) 4. With the victim's consent, forensic evidence will be collected by specially trained professional medical practitioners using a kit approved by the appropriate authority (a Physical Evidence Recovery Kit (PERK) kit is recommended). Although it is recommended that a PERK kit is collected within 120 hours, it should be used beyond that time whenever there is a possibility of evidence remaining.

Operating Procedure 038.3

VI. Victim Advocate/Emotional Support

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

Operating Procedure 720.7

If evidentiary or medically appropriate, offender victims of sexual assault are referred under appropriate security provisions to an outside facility for treatment and gathering of evidence. (5-ACI-6C-14; 4-4406) 1. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations will be performed by Sexual Assault

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

Operating Procedure 730.2

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

Analysis/Reasoning:

The Auditor reviewed the agency's policies and procedures. The agency has included the elements of this standard in its policies and procedures. The Virginia Department of Corrections conducts administrative and criminal investigations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Special Investigations Unit (SIU) for investigation. CWCCAP personnel are required to preserve any crime scene until the SIU Investigator arrives to collect or process physical evidence from the scene.

The Auditor reviewed the agency's Memorandum of Understanding with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). The Auditor conducted a telephone interview with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance. The representative confirmed the VSDVAA provides victim advocacy for offender victims of sexual abuse. The Auditor asked if a representative has attended a forensic examination for an offender at the CWCCAP. The advocate stated the VSDVAA has not been asked to accompany a victim from the CWCCAP. The advocate stated if requested the advocate would also accompany the victim during investigatory interviews. Noting that there have been zero (0) number of forensic medical exams conducted and zero (0) exams performed by SANEs/SAFEs during the past 12 months.

The Auditor asked who contacts the VSDVAA following a sexual abuse incident. The representative stated either the hospital or facility would normally make the notification to the VSDAA. Emotional support services are provided on site or by telephone with probationers when requested. The CWCCAP has not used a staff member to perform the services of victim advocacy.

The agency has entered a Memorandum of Understanding with the Action Alliance for forensic services. The most recent revision was effective on September 01, 2023 – August 31, 2024. The agreement is effective for one year and renewable by the parties. The agreement may be terminated by either party, without penalty, upon 60 days written notice to the other party. The agreement allows the VADOC the opportunity to add additional facilities as agreed upon by the parties.

The Memorandum of Understanding is applicable to multiple VADOC facilities. The Auditor did not observe the Chesterfield Women's Community Corrections Alternative Program named in the original Memorandum of Understanding or in any renewals. The Auditor reviewed the Virginia Forensic Nurse Examiner Programs list by region. The CWCCAP is located in the Central Region. The Central Region includes forensic services performed at the Virginia Commonwealth University Medical Center.

The Auditor observed the contact information of the SANE at the VCU Medical Center. The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner from the VCU Medical Center. The SANE explained the forensic examination is conducted at the hospital. The SANE explained the process of the forensic examination and the services and tests offered at the time of the examination. The Auditor asked the SANE if a victim advocate is allowed to accompany the victim during the forensic examination. The SANE informed an advocate is allowed to accompany the victim if the victim requests the accompaniment. The SANE informed the Auditor zero (0) forensic examination has been performed on a victim from the CWCCAP in the past 12 months. The facility reported no offender was sent to the hospital for a forensic examination during the previous 12 months.

The Auditor conducted formal interviews with medical practitioners. The Auditor asked if medical practitioners conduct forensic examinations at the facility. Medical practitioners stated they do not conduct forensic examinations at the CWCCAP. The Auditor was informed forensic examinations are conducted at the VCU Medical Center by a certified SANE. The Auditor asked when the last offender was sent for a forensic examination following an allegation of sexual abuse. Medical practitioners stated they are not aware of an offender being sent for a forensic examination.

Investigations are conducted both administratively and criminally, when appropriate. If a case involves a staff member, the case will be investigated by the Special Investigations Unit (SIU). This is the internal affairs unit of the Department of Corrections. If the case may be criminal, the case is investigated by SIU as they have arrest powers in the Commonwealth. If the case is a claim of sexual harassment or is not criminal in nature, it will be investigated by the Institutional Investigators.

Staff from both the institutional investigation office and SIU were interviewed as part of this audit. Both were able to discuss evidence collection protocols. If an offender fits the criteria to have a rape kit, or PERK kit, done, those probationers are taken to VCU Medical Center. Operating Procedure 038.3 includes information that

	an offender shall not be held financially responsible for the PERK kit being completed, or any other medical or mental health services related to a PREA related case. During the preceding (12) months to this audit, the facility had (0) allegations. Advocates are available to provide accompaniment and advocacy services to probationers at the CWCCAP. Advocates are available to go to VCU Medical Center if an offender is taken for a forensic examination. The VADOC has an extensive history with The Virginia Sexual and Domestic Action Alliance, the statewide victim service provider. The contracts dating back from 2015 through 2024 were provided to this Auditor for review. Conclusion: The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the VADOC policies, procedures, Memorandums of Understanding, and conducted interviews with staff, SANE, and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.
--	---

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 030.4 Special Investigations Unit, November 01, 2021 • Operating Procedure 038.3 Prison Rape Elimination Act, September 1, 2022 • Code of Virginia 53.1-10 • Investigative Records • Agency Website • Interviews - Staff - Probationers Auditor Discussion: Operating Procedure 030.4 D. The SIU is authorized to: 1. Conduct investigations of all felony and misdemeanor violations of law committed in and against the DOC, and serious allegations of staff/employee misconduct and administrative violations. The investigations include allegations involving economic crime and drug/contraband matters. 2. Conduct administrative and/or criminal investigations into allegations of sexual abuse or sexual harassment in DOC facilities in accordance with this operating procedure. (§115.22[d],

§115.222[d]) 3. Serve as the DOC resource for polygraph examinations, forensics, economic crime investigations, and digital photography.

VII. Prison Rape Elimination Act (PREA) Investigations

A. The Organizational Unit Head will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. (§115.22[a], §115.222[a])

D. Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment will be referred for investigation to the SIU which has the legal authority to conduct criminal investigations. (§115.22[b], §115.222[b])

Operating Procedure 038.3

V. PREA Investigations

A. An administrative or criminal investigation, conducted as required by applicable PREA standards, must be completed and documented for all allegations of sexual abuse and sexual harassment. (5-ACI-3D-11; §115.22[a], §115.71[k], §115.222[a], §115.271[k])

1. If the alleged abuser is staff, the Facility Unit Head or designee must reassign the staff member to a post with no direct contact with the alleged victim, suspend the staff member or place the staff member on pre-disciplinary leave with pay based on the circumstances or situation, pending completion of the investigation; see Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Probationers.

2. Upon receipt of an allegation of sexual abuse or sexual harassment, investigative staff will have 30 days to complete an administrative investigation into the allegation.

a. The Investigator or another staff member who received the required specialized training for sexual abuse investigations will conduct the initial investigation.

b. If the Investigator or trained staff member determine the investigation will not be completed within 30 days, they must contact the Regional PREA Analyst to discuss an extension.

c. When the Regional PREA Analyst determines that an extension is needed, the Investigator or trained staff member must provide periodic updates at an interval deemed appropriate by the Regional PREA Analyst.

d. If a determination is made that the sexual abuse allegation will be handled by SIU, the Investigator or trained staff member will notify the Regional PREA Analyst.

3. Unless the Investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment must be referred to SIU for investigation. The Investigator will document all such referrals. (§115.22[b], §115.222[b])

a. SIU Special Agents conduct all investigations into criminal behavior, procedural or administrative violations, and staff misconduct affecting the operations of the DOC; see Operating Procedure 030.4, Special Investigations Unit.

b. The Chief of SIU or designee will review the nature of the allegations received and determine if an SIU investigation is warranted.

4. Investigative staff will follow Operating Procedure 030.4, Special Investigations

Unit. (§115.22[d], §115.222[d])

Analysis/Reasoning:

The Code of Virginia, §53.1-10 Powers and duties of Director allows the Director of the Virginia Department of Corrections, "To designate employees of the Department with internal investigations authority to have the same power as a sheriff or a law-enforcement officer in the investigation of allegations of criminal behavior affecting the operations of the Department.

Such employees shall be subject to any minimum training standards established by the Department of Criminal Justice Services under § 9.1-102 for law-enforcement officers prior to exercising any law-enforcement power granted under this subdivision..."

The Chief of Special Investigations Unit or a designee shall review the nature of the allegations received to determine if an investigation is warranted. Upon notification of an allegation of sexual abuse or misconduct, investigative staff shall follow Operating Procedure 030.4, Special Investigations Unit. During the pre-audit, the auditor located the policy stating referrals of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website (<https://vadoc.virginia.gov/about/procedures/documents/030/038-3.pdf>).

Staff interviews indicate the DOC has a Special Investigation Unit (SIU) with law enforcement authority to investigate crimes in facilities within the DOC. Institutional Investigators handle administrative or criminal investigations at the facility. When an allegation is received, the Superintendent of the facility, the institutional investigator, and the PREA Analyst are notified. If the allegation is criminal in nature, SIU would also be notified. Staff would ensure the victim is protected and all protocols are instituted. Any allegation received from another agency is processed the same way. If an allegation is received that happened at another agency, the DOC reports these allegations to the respective authority.

During the past 12 months, there has been (3) allegation of sexual abuse and sexual harassment that was received. During the past 12 months, there has been (3) allegation resulting in an administrative investigation. During the past 12 months, there have been (0) allegation referred for criminal investigation.

Conclusion:

The Auditor concluded the CWCCAP appropriately refers criminal allegations of sexual abuse and sexual harassment to the SIU office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, interviewing staff and probationers, the Auditor determined the facility meets the requirements of this

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 102.6 Staff Orientation, November 1, 2023 • Operating Procedure 350.2, July 1, 2021 • Training Curriculum Training Test • Trainer Outline Training Checklist • Training Records • PREA/ADA Newsletters • Interviews - Staff - Probationers Auditor Discussion: Operating Procedure 102.6 1. The DOC will train all employees who may have contact with probationers on: (§115.31[a], §115.231[a]) a. Its zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures c. The probationers' right to be free from sexual abuse and sexual harassment d. The right of probationers and employees to be free from retaliation for reporting sexual abuse and sexual harassment e. The dynamics of sexual abuse and sexual harassment in confinement f. The common reactions of sexual abuse and sexual harassment victims g. How to detect and respond to signs of threatened and actual sexual abuse h. How to avoid inappropriate relationships with probationers i. How to communicate effectively and professionally with probationers, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming probationers j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities 2. Training is tailored to the gender of the probationers at the employee's facility. The employee must receive additional training if the employee is reassigned from a facility that houses only male probationers to a facility that houses only female probationers, or vice versa. (§115.31[b], §115.231[b]) 3. The agency will document through employee signature or electronic verification that employees understand the training they have received. (§115.31[d], §115.231[d]) Operating Procedure 350.2 Prison Rape Elimination Act (PREA) In-service (§115.31[a, c], §115.231[a, c]) a. In-service training programs shall include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas: i. Its zero-tolerance policy for sexual abuse and sexual harassment ii. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention,

detection, reporting, and response policies and procedures iii. Probationers' right to be free from sexual abuse and sexual harassment iv. The right of probationers and employees to be free from retaliation for reporting sexual abuse and sexual harassment v. The dynamics of sexual abuse and sexual harassment in confinement vi. The common reactions of sexual abuse and sexual harassment victims vii. How to detect and respond to signs of threatened and actual sexual abuse viii. How to avoid inappropriate relationships with probationers (Operating Procedure 130.1, Rules of Conduct Governing Employees Relationships with Probationers) ix. How to communicate effectively and professionally with probationers, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming probationers x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. b. Such training shall be tailored to the gender of the probationers at the employee's facility. The employee shall receive additional training, to include gender diversity, if the employee is reassigned from a facility that houses only male probationers to a facility that houses only female probationers, or vice versa. (§115.31[b], §115.231[b]) c. The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. (§115.31[d], §115.231[d])

Analysis/Reasoning:

Such training shall be tailored to the gender of the probationers at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male probationers to a facility that houses only female probationers, or vice versa. The agency shall document through employee signature or electronic verification that employees understand the training they have received. There have been 56 staff employed by the facility, who may have contact with probationers, who were trained or retrained on the PREA requirements listed above. Staff training is conducted annually.

During the pre-audit, the auditor was provided with copies of the agency's PREA curriculum, training logs, certificates of completion, training acknowledgement forms. The training curriculum meets all requirements under 115.31 (a)-1. Random staff interviews indicate staff have received the training required under 115.31.

All employees of the VADOC are required to participate in PREA education. There are several levels of training provided. First, all new employees are required to participate in initial PREA training during their orientation to the agency/facility. Second, employees will receive PREA information during the Phase training, held at the local training center for the facility. If the new employee is a Corrections Officer, they will receive PREA training when they go to the Academy. Every staff member, and medical contractor, is required to participate in (40) hours of in-service training on an annual basis. Two hours of that in-service training is dedicated to PREA. Typically, the staff are required to complete online "pre-training" and then follow up with in person training. Each individual is required to take a test at the end of the training and pass with 100%. If they do not pass with 100%, the staff member is allowed to take the test one additional time. If they do not pass with 100% on the re-test, they will be required to retake the entire training course.

	Each person is required to sign off on a form indicating that they have not only participated in the required training, but also verify they understand the training that was provided to them. This documentation is kept in training files. During the onsite audit visit, training files were reviewed and found to include the required information for each person. One additional training item provided by the PREA office, which goes above and beyond the required training, is a monthly newsletter sent out to all staff members regarding PREA. This is a one-page document that highlights different aspects of PREA. It is used to reinforce any information which staff may be unclear about. Interviews were conducted with staff, contractors and volunteers for the facility. All were able to provide information regarding the PREA training they have received. This information included a broad overview of the topics that have been covered in this training. When asked more specific questions regarding the training content, the majority of staff were able to discuss, with detail, the topics. Conclusion: The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, newsletters, conducted interviews with staff and probationers and determined the facility meets the requirements of this standard.
--	---

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 027.1, Volunteer and Internship Programs, April 1, 2023 • Operating Procedure 038.3, Prison Rape Elimination Act, September 1, 2022 • Operating Procedure 350.2, July 1, 2021 • Operating Procedure 102.6, Staff Orientation, November 1, 2023 • Volunteer/Contractor PowerPoint Presentation • Volunteer/Contractor Trainer Outline • A Guide to Maintaining Appropriate Boundaries with Probationers Brochure • PREA Training Acknowledgement • Contractor Log Volunteer Log • Interview: - Contractor - Volunteer Auditor Discussion:

Operating Procedure 027.1

D. The Statewide and Unit Volunteer Coordinator or the Department and Unit Internship Coordinator, as applicable, will ensure that all volunteers/interns who have contact with probationers have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (§115.32[a], §115.232[a])

Operating Procedure 038.3

2. Contractors, Volunteers, and Interns a. All DOC contractors, volunteers, and interns who have or could have physical, visual, or auditory contact with inmates and CCAP probationers/parolees are trained on their responsibilities to prevent, detect, monitor, and report allegations and incidents of inmate and CCAP probationer/parolee sexual abuse and sexual harassment. (§115.32[a], §115.232[a]) b. The level and type of training provided to contractors, volunteers, and interns is based on the services provided and the level of contact they have with the inmates and CCAP probationers/parolees. (§115.32[b], §115.232[b]) i. At minimum, staff will notify contractors, volunteers, and interns of the DOC's Zero Tolerance Policy regarding sexual abuse and sexual harassment and will inform them on how to report such incidents. ii. Staff will give each contractor, volunteer, and intern a copy of Attachment 4, A Guide to Maintaining Appropriate Boundaries with Inmates or CCAP Probationers/Parolees for Contractors and Volunteers of the Virginia Department of Corrections. iii. Contractors, volunteers, and interns are required to sign Attachment 6, Prison Rape Elimination Act (PREA) Training Acknowledgement.

Operating Procedure 102.6

B. Volunteers, Interns, and Contractors 1. The agency must ensure that all interns, volunteers and contractors who have contact or could have contact with probationers have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response procedures and have signed the Prison Rape Elimination Act (PREA) Training Acknowledgement attachment to Operating Procedure 038.3, Prison Rape Elimination Act (PREA). (§115.32[a], §115.232[a])

Operating Procedure 350.2

H. Prison Rape Elimination Act (PREA) In-service Requirements (§115.31[a, c], §115.231[a, c]) 1. In-service training programs will include refresher training on current DOC sexual abuse and sexual harassment policies and procedures and will cover the following areas: a. DOC zero-tolerance policy for sexual abuse and sexual harassment b. How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures c. Inmate/probationer/parolee right to be free from sexual abuse and sexual harassment d. The right of inmates/probationers/parolees and employees to be free from retaliation for reporting sexual abuse, sexual harassment, or for cooperating with an investigation into an allegation of sexual abuse or sexual harassment e. The dynamics of sexual abuse and sexual harassment in confinement f. The common

reactions of sexual abuse and sexual harassment victims g. How to detect and respond to signs of threatened and actual sexual abuse h. How to avoid inappropriate relationships with inmates/probationers/parolees, see Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Probationers i. How to communicate effectively and professionally with inmates/probationers/parolees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities 2. Such training will be tailored to the gender of the inmates at the employee's facility. The employee will receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. (§115.31[b], §115.231[b]) 3. The agency will document, through employee signature or electronic verification that employees understand the training they have received. (§115.31[d], §115.231[d]) 4. Security Staff In-Service iii. Supervision of inmate/probationer/parolees including training on the current DOC sexual abuse and sexual harassment policies and procedures (§115.31[c], §115.231[c])

Analysis/Reasoning:

Operating Procedures 027.1, 038.3, 350.2 states the Volunteer Coordinator shall ensure that all volunteers who have contact with probationers have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with probationers, but all volunteers who have contact with probationers have been trained on their responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

According to agency operating procedures and directive memos, all volunteers and contractors who may have contact with probationers are required to participate in PREA training. Contractors, such as medical personnel, are required to participate in the same level of training as a staff member since they have as much contact with probationers as regular employees do. They are required to participate in PREA training before any contact with probationers and also required to participate in annual in-service training.

Other contractors, with less constant contact with probationers and volunteers are required to participate in a one-time training which includes PREA, as well as other important components. After the training, each participant is required to sign that they have participated and understand the information provided to them.

This Auditor was able to talk with a volunteer to confirm the training that had been provided. In addition to the interviews conducted with the volunteer and contractors, documentation was reviewed that provided verification of the training provided to this population. The number of (35) volunteers and (8) contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection,

	and response. Conclusion: The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, brochure, acknowledgment forms and interviewing contractors and volunteer personnel the facility meets the requirements of this standard.
--	---

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3 Prison Rape Elimination Act, p • Operating Procedure 810.2 Transferred Offender Receiving and Orientation, pg. 7 • Zero Tolerance Brochure • Preventing Sexual Abuse and Assault Training Acknowledgement • Preventing Sexual Abuse and Sexual Assault Trainer Comprehensive Outline • Preventing Sexual Abuse and Sexual Assault Trainer Intake Outline • CWCCAP Offender Handbook • Interviews with Staff • Interviews with Probationers • Observations Auditor Discussion: Operating Procedure 038.3 Prevention A. Offender Training All probationers newly received into the DOC from a jail or other non-DOC facility will receive information explaining the DOC's Zero Tolerance Policy for sexual abuse and sexual harassment and instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. (5-ACI3D-09; 4-4281-1; §115.33[a], §115.233[a]) a. This information must be communicated verbally and in writing, in language clearly understood by the offender and will include the following topics: (5-ACI-3D-09; 4-4281-1) i. Definition of sexual misconduct/assault, and behaviors prohibited by staff, contractors, volunteers and probationers ii. DOC Zero Tolerance Policy iii. Prevention/ Intervention iv. Self-protection v. Reporting sexual abuse/assault/harassment vi. Treatment and counseling vii. Offender telephone sexual abuse Hotline Number #55 viii. Free Emotional Support through Hotline Number #55, Option 2 Facilities must make arrangements for probationers that speak languages other than English or Spanish, and with probationers who are deaf, visually impaired, or otherwise disabled, as well as to probationers with limited reading skills, to receive training and materials in a

language understood by the offender. (§115.33[d] §115.233[c])

Within 10 days of arrival, the offender will receive a comprehensive PREA training, utilizing Attachment 2b, Preventing Sexual Abuse & Sexual Assault - Trainer Outline (Comprehensive) and the video PREA: What You Need to Know. (§115.33[b], §115.233[a]) The offender must document receiving the Preventing Sexual Abuse and Sexual Assault Trainings (Comprehensive) by signing the Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S). (§115.33[e], §115.233[d])

Probationers received from another DOC facility must be provided a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment attachment that includes the Sexual Assault Hotline Number. (See Attachment 1E, Attachment 1H for Hearing Impaired, or Attachment 1S for Spanish Version.) (§115.33[c]), §115.233[b]) a. If the signed Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4 (Spanish 038_F4S) is not available in VACORIS, the offender must be provided the comprehensive PREA training as described for an offender newly received into the DOC. b. The signed Acknowledgement must be uploaded as an external document in VACORIS and identified as a Special Entry Note on the date the training was completed. Once uploaded, the paper form does not need to be retained. 3. In addition to providing such training and education, each facility will ensure that key information is continuously and readily available or visible to probationers through posters, offender handbooks, or other written formats. (§115.33[f] §115.233[e])

Operating Procedure 810.2

Prison Rape Elimination Act (PREA) offender training and information must be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA). 1. An offender received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number. 2. If documentation of Preventing Sexual Abuse and Sexual Assault Training is not found in the offender's record, the offender must be provided the PREA training as described for a new intake. (§115.33[c])

The agency provided the offender education curriculum for review as part of the pre-audit information to review. All required elements of the standard are included in the offender education. When probationers arrive at CWCCAP, they are provided with a paper on PREA which provides information on what PREA is and how to make a report at the facility. This is provided at intake. They will also receive a more comprehensive training on PREA within the first few days at the orientation training. They will watch a video and have the opportunity to ask questions. Once they participate in this training, they will sign the "Preventing Sexual Abuse and Assault Training Acknowledgement". This documentation is kept on file for review. PREA information is also included in the Offender Orientation Handbook. This handbook not only includes information on PREA, but also on the grievance process and how to use that process when PREA is involved. During the onsite audit visit, this Auditor randomly selected probationers to view the signed acknowledgement forms. This information was provided.

	There were 136 probationers admitted during the past 12 months who were given this information at intake. The number of residents transferred from a different community confinement facility during the past 12 months: (0) The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: (0) In addition, during the interviews with probationers, questions were asked regarding the education they were provided on PREA, what it is, how to report, etc. The vast majority of probationers were able to provide information on PREA and discuss how and when the facility provided them with this information. Different formats of information are available to ensure that all probationers are able to receive education and understand PREA and reporting methods at the facility. These were reviewed by this Auditor onsite. Conclusion: The Auditor noticed the absence of PREA posters around the inmate telephone in A and B Dorm inside the recreational area, and in C- Dorm. These posters were put up during the same day of the audit. All of the probationers who were interviewed acknowledged how to report a PREA complaint. The offender population at the CWCCAP have been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed the agency's policies, procedures, offender records, Offender Handbook, Zero Tolerance Brochure, training outlines, interviewed staff and probationers to determine the facility meets the requirements of this standard.
--	--

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedures 030.4 Special Investigations Unit, November 1, 2021 • Operating Procedure 350.2, Training and Development, pg. 11, July 01, 2021 • Training Curriculum • Investigations Matrix • Investigator Power Point Presentation • Training Records • Interviews with Investigators Auditor Discussion: Operating Procedure 030.4

In addition to the general PREA training provided to all employees, investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: (§115.34[a], §115.234[a], §115.34[b], §115.234[b]) i. Techniques for interviewing sexual abuse victims. ii. Proper use of Miranda and Garrity warnings iii. Sexual abuse evidence collection in confinement settings iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral. b. The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators. (§115.34[c], §115.234[c])

Operating Procedure 350.2

PREA Investigators (§115.34, §115.234) a. Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations. b. In addition to the general PREA training provided to all employees, facility investigators shall receive specialized training in conducting sexual abuse investigations in confinement settings. Specialized training shall include: i. Techniques for interviewing sexual abuse victims ii. Proper use of Miranda and Garrity warnings iii. Sexual abuse evidence collection in confinement settings iv. Criteria and evidence required to substantiate a case for administrative action or prosecution referral c. See Operating Procedure 030.4, Special Investigations Unit for guidance on the requirements for PREA Investigations.

The VADOC trains all Special Investigations Unit Investigators and select staff at facilities. The CWCCAP has (4) staff who has received the specialized training. There are (19) SIU staff who have been trained to conduct sexual abuse investigations in a confinement setting. The Auditor reviewed the training curriculum utilized to train agency investigators. The training developed for Institutional Investigators is titled, "PREA Specialized Training: Investigating Sexual Abuse in Confinement Settings."

The Auditor reviewed the agency's training curriculum utilized to train the Special Investigations unit Investigators. The first two modules of the training PowerPoint was developed by the Moss Group, Inc. In addition to the in-person training, the agency requires its investigators complete the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting" online course. The Auditor verified each investigator course includes interviewing victims, Miranda and Garrity Warnings, evidence collection, and criteria and evidence to substantiate a case. The Auditor reviewed the training records of all SIU and CWCCAP Investigators. Each investigator had received specialized training for investigators. The agency maintains a training certificate for each investigator. In addition, the training records revealed each investigator received the same training offered to all VADOC employees.

The Auditor formally interviewed CWCCAP Sexual Abuse Investigator. The Auditor asked the Investigator to explain the topics included in the specialized training he received. The Investigator was able to articulate the topics as bulleted above in this standard. The Auditor asked the Investigator to explain the process utilized when

	conducting investigations. His responses indicate the investigator had been appropriately trained to conduct sexual abuse investigations in confinement settings. The Investigator discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral. The Auditor conducted a telephone interview with an agency SIU Investigator. The SIU Investigator informed the Auditor he had received training offered by the agency to conduct sexual abuse investigations in a confinement setting. The Investigator explained the SIU conducts sexual abuse and sexual harassment investigations in the facility when the act appears to be criminal in nature. The Investigator had been trained on the bulleted items listed above. The SIU Investigator issues Miranda and Garrity, interviews those involved, collects evidence, and is familiar with the criteria and evidence to substantiate a case. The Investigator explained he is a sworn law enforcement officer and consults with the Commonwealth Attorney's office to discuss sufficient evidence to prosecute a case. The agency utilizes an Investigations Matrix. A review of the Investigations Matrix revealed the facility is required to conduct an initial PREA, Fraternization and harassment investigation. The matrix informs confirmed PREA allegations are to be passed on to the SIU and the SIU is required to conduct confirmed PREA allegations, confirmed fraternization and sexual assault investigations. Conclusion: The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, Investigation Matrix, PowerPoint Presentations, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.
--	---

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 102.6, Staff Onboarding and Orientation, September 1, 2022 • Operating Procedure 701.1, Health Services Administration, November 1, 2021 • Training Curriculum Training Records • Interviews: • Medical Practitioners • Mental Health Practitioner Operating Procedure 102.6

	Health Care Providers - Medical and mental health care providers must also receive the training mandated for employees or for contractors, interns, and volunteers depending upon the provider's status in the DOC. (§115.35[d], §115.235[d]) Operating Procedure 701.1 The Health Authority and/ or Institutional Training Officer shall document that all full and part-time medical and mental health staff who work regularly in DOC facilities receives specialized training in: (§115.35[a, c], §115.235[a, c]) a. How to detect and assess signs of sexual abuse and sexual harassment b. How to preserve physical evidence of sexual abuse c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment Analysis/Reasoning: There are (4) number of all medical and (1) mental health care practitioners who work regularly at this facility who received the training required by agency policy. One hundred percent (100%) of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy. Conclusion: The Auditor concluded medical and mental health professionals at the CWCCAP have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all VADOC staff. The auditor conducted a review of VADOC policies, procedures, training curriculum, training records and interviewed medical and mental health professional and determined the facility meets the requirements of this standard.
--	--

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard Auditor Discussion Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 730.2, Mental Health and Wellness Services: Screening, Assessment, and Classification, June 1, 2021 • Operating Procedure 810.1, Inmate Reception and Classification, March 1, 2022 • Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, May 1, 2022 • Operating Procedure 861.1, Inmate Discipline, September 1, 2023 • Offender Records • Interviews

Staff
Probationers

Auditor Discussion:

Operating Procedure 730.2

An inmate's offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's offender's risk of sexual victimization or abusiveness. (§115.41[g], §115.241[g])

Operating Procedure 810.1

Utilizing the results of the Classification Assessment in VACORIS and available offender records, staff will screen the offender for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and will interview and evaluate the offender for High-Risk Sexual Aggressor (HRSA) and/or High-Risk Sexual Victim (HRSV) tendencies. (5-ACI-3D-10; 4- 4281-2; §115.41[a], §115.41[d])

Within 21 days from the offender's arrival at the institution, staff will meet with the offender and will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening. (§115.41[f]) (added 5/1/19) i. The PREA Reassessment 810_F1 must be completed no sooner than 14 days and no later than 21 days after the offender's arrival at the institution. ii. Completion of the Reassessment must be documented as a PREA Reassessment in the Facility Notes section of VACORIS. iii. The PREA Reassessment will must be scanned and uploaded as an external document to the corresponding PREA Reassessment note on the same day it is conducted. (changed 9/1/19).

The Classification Assessment will include a review of the following factors: history of assaultive behavior, potential for victimization, history of prior victimization, special medical or mental health status, escape history, age, enemies or offender separation information, and any other related information and must be approved within 72 hours of the offender's arrival at the institution. (§115.41[b], §115.41[e]).

Within 24 hours of arrival, prior to bed assignment, a Classification Assessment will be completed in VACORIS for each new offender entering the DOC and housing assignments made accordingly. (5- ACI-3D-10; 4-4281-2; 4-ACRS-2A-07; .§115.41[c]) (changed 12/1/20) a. Upon arrival, staff will review the Classification Assessment questions with the offender to ensure that the offender's pending housing and bed assignment in VACORIS is appropriate. When the offender's responses indicate these assignments may not be appropriate, staff must consult with the staff member responsible for offender housing and bed assignments to determine if a new assignment is warranted. (added 12/1/20)

Operating Procedure 810.2

Within 21 days from the offender's arrival at the institution, institution staff will meet with the offender and will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening. (§115.41[f])

Screenings and Assessments

A. The offender will receive a medical and mental health screening by health trained or qualified health care personnel upon arrival in accordance with Operating Procedure 720.2, Medical Screening, Classification, and Levels of Care, and Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification. B. A counselor or other non-clerical facility staff must assess all probationers upon transfer from one DOC facility to another for their risk of being sexually abused by other probationers or sexually abusive toward other probationers. (§115.41[a]) Classification Assessment must be completed and approved within 72 hours of arrival at the institution. (§115.41[b], (§115.41[c])

Operating Procedure 861.1

a. Sexual assault upon or making forcible sexual advances toward a non-offender (§115.78[e]) b. Sexual assault upon or making forcible sexual advances toward an offender (§115.78[a, g]) Offenses 106a and 106b - An offender convicted of sexual assault and any offender victims should be referred to their counselor for reassessment of the offender's risk of sexual victimization or abusiveness. At the discretion of the Hearings Officer, a conviction of Offenses 233a and 233b may also warrant referral. (§115.41[g])

Analysis/Reasoning:

All probationers that arrive at CWCCAP are asked questions from a classification assessment. This assessment is conducted in the CORIS software system. It is conducted the first day of arrival at the facility. After reviewing this assessment, the required questions are included in this assessment. There is a "PREA Reassessment" that is required to be conducted between day (14) and (21) after the arrival at the institution. This reassessment is conducted by the offender's Case Management Counselor. This Auditor reviewed the risk assessments and reassessments of residents that were interviewed at the facility and indicated that they did in fact answer the assessment questions.

Additionally, Operating Procedure 730.2 directs that "An offender's risk level must be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness."

Conclusion:

There are (136) number of inmates entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

There were (134) inmates entering the facility (either through intake or transfer)

	within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The auditor interviewed intake staff and reviewed intake screening forms of random probationers. In addition, the auditor questioned random staff and probationers in reference to offender screening for risk of sexual victimization or risk of sexually abusing other probationers within 72 hours of intake. CWCCAP is in compliance of this standard.
--	--

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022 • Operating Procedure 425.4, Management of Bed and Cell Assignments, July 1, 2023 • Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 • Operating Procedure 810.1, Inmate Reception and Classification, March 1, 2022 • Operating Procedure 810.2, Transferred Inmate Receiving and Orientation, May 1, 2022 • Operating Procedure 830.5, Transfers, Institution Reassignments. January 1, 2024 • Operating Procedure 841.2, Inmate Work Programs, August 1, 2023 • High Risk of Sexual Abusiveness Log • High Risk of Sexual Victimization Log • Interviews - Random Staff - Random Residents Auditor Discussion: Operating Procedure 38.3 D. Offender Screening and Use of Screening Information 1. Utilizing the results of the offender's Classification Assessment in VACORIS and available offender records, all probationers are screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior at intake, transfer, and as needed. (See Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification, Operating Procedure 810.1, Offender Reception and Classification, and Operating Procedure 810.2, Transferred Offender Receiving and Orientation.) 2. Facility staff will use information from the offender's Classification Assessment in determining appropriate housing, bed, work, education, and program

assignments with the goal of keeping separate those probationers at high risk of being sexually victimized from those at high risk of being sexually abusive. (§115.42[a], §115.242[a]) a. Staff will make individualized determinations about how to ensure the safety of each offender. (§115.42[b], §115.242[b])

Operating Procedure 425.4

IV. BED AND CELL ASSIGNMENTS A. Use of Offender Classification Assessment 1. Institutional staff will use information from the offender's Classification Assessment when determining appropriate housing and bed assignments with the goal of protecting probationers from personal abuse, personal injury, disease, property damage, harassment, and to separate those probationers at high risk of being sexually victimized from those at high risk of being sexually abusive in accordance with Operating Procedure 810.1, Offender Reception and Classification, and Operating Procedure 810.2, Transferred Offender Receiving and Orientation. (5-ACI-3D-08, 5-ACI-3D-10; 4-4281, 4-4281-2; §115.42[a])

a. Staff will make individualized determinations about how to ensure the safety of each offender. (§115.42[b])

b. Housing and bed assignments for transgender or intersex probationers will be made on a case-by-case basis and will take into consideration whether an assignment would ensure the offender's health and safety and whether the assignment would present management or security problems. (§115.42[c])

i. A transgender or intersex offender's views with respect to their own safety will be given serious consideration. (§115.42[e])

ii. When an offender indicates they are transgender or intersex during the Classification Assessment or at any time during their incarceration, a "six month follow up" alert must be placed in VACORIS. A Counselor or the staff member completing the Classification Assessment will add the alert and notify mental health staff by email. (§115.42[d])

iii. Lesbian, gay, bisexual, or intersex probationers will not be placed in a dedicated housing unit or wing solely on the basis of such identification or status. (§115.42[g])

Operating Procedure 730.2

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

Operating Procedure 810.1

Information from the offender's Classification Assessment will be used by institutional staff in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those probationers at high risk of being sexually victimized from those at high risk of being sexually abusive. (§115.42[a])

Operating Procedure 810.2

II. Screenings and Assessments A. The offender will receive a medical and mental health screening by health trained or qualified health care personnel upon arrival in accordance with Operating Procedure 720.2, Medical Screening, Classification, and Levels of Care, and Operating Procedure 730.2, Mental Health Services: Screening, Assessment, and Classification. 3. Institutional staff will use information from the Classification Assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those probationers at high risk of being sexually victimized from those at high risk of being sexually abusive. (§115.42[a])

Operating Procedure 830.5

C. Classification to Protective Custody Units 1. The ICA or MDT, as appropriate, should reach a decision for a protective custody assignment based on substantial, credible information, and after an investigation confirms the need for protective custody; see Operating Procedure 830.1, Institution Classification Management, and Operating Procedure 830.6, Offender Keep Separate Management. For example, the offender:

a. Has multiple documented keep separates b. Is a documented former public official, law enforcement or other employee from a criminal justice agency c. Gave documented testimony against gang or other crime organization d. Is a High-Risk Sexual Victim (HRSV) or sexual abuse victim i. The institution will make individualized determinations about how to ensure the safety of each offender. (§115.42[b]) ii. In deciding whether to assign a transgender or intersex offender to a Protective Custody Unit, institution staff must consider on a case-by-case basis whether this placement would ensure the offender's health and safety, and whether the placement would present management or security problems. (§115.42[c]) iii. A transgender or intersex offender's own views with respect to their own safety will be given serious consideration. (§115.42[e]) iv. Lesbian, gay, bisexual, transgender, or intersex probationers will not be placed in the Protective Custody Unit solely based on their identification or status. (§115.42[g])

Operating Procedure 841.2

10. Reviewing the Classification Assessment in VACORIS, and ensuring that those probationers at high risk of being sexually victimized are separated from those at high risk of being sexually abusive (§115.42[a])

Analysis/Reasoning:

The Auditor reviewed offender classification records. The classification records reveal facility staff made individualized considerations when determining their housing, bed, work and other assignments to ensure each offender was maintained safely in the facility. The assessment form considers an offender's own views of safety when determining assignments. A review of records identified no offender reported feeling vulnerable to sexual victimization. The Auditor observed classification staff is utilizing information obtained from the risk screening to assign facility housing, bed, and work assignments to ensure those probationers are protected. The Case Manager ensures probationers identified at risk of victimization

	are not placed in a program or education with those identified as potential abusers. Counseling staff considers an offender's own perceptions of their safety before making classification decisions. The screening tool includes sections where the counselor documents his/her own perceptions of the offender. The Auditor formally interviewed a facility Case Manager. The Case Manager was asked to discuss the classification process with transgender and intersex probationers. The Auditor asked if the Case Manager considers a transgender/intersex probationers own perception regarding their safety in the facility. The Case Manager informed the Classification Assessment requires her to ask probationers about their own perception regarding safety. The Auditor asked the Case Manager how often transgender and intersex probationers housing and placement assignments are reviewed. The Auditor was informed the reviews are conducted at least every six months to discuss their placement status. The reviews are documented in the VACORIS electronic record. A review of the HRSV and HRSA report reveals the Case Manager ensures probationers identified at high risk of victimization are housed separately from those identified at high risk of abusiveness. The Auditor observed all housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex probationers have the opportunity to shower, change clothes and use the restroom without staff of the opposite gender seeing them fully naked. Conclusion: At the time of the audit CWCCAP was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex probationers. The Auditor concluded counselors are making individualized determinations when assigning housing, bed, work, programming and education assignments to probationers. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization. Transgender and intersex probationers can shower separately from other probationers. The Auditor conducted a thorough review of policies, procedures, offender records, made observations and interviewed staff and probationers to determine the facility meets the requirements of this standard.
--	---

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Operating Procedure 801.6, Inmate and CCAP Probationer/Parolee Services, January 1, 2022 • Operating Procedure 803.3, Inmate and CCAP Probationer/Parolee Telephone

Services, March 1, 2023

- Operating Procedure 866.1, Offender Grievance Procedure, Institutions, January 1, 2021

- Offender Handbook

- MOU with Action Alliance

- Interview

Random Staff

Random Residents

Auditor Discussion:

Operating Procedure 038.3

III. Detection and Reporting A. Offender Responsibilities 1. Probationers can report sexual abuse and sexual harassment, retaliation by other probationers or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member including chaplains, medical, mental health or counseling staff, security staff, or administrators. §115.51[a], §115.251[a]) a. Any offender who is sexually assaulted must immediately notify staff that a sexual assault has occurred. b. Any offender who observes, is involved in, or has any knowledge or suspicion of a sexual assault or unauthorized relationship must immediately notify staff. c. Probationers are not required to report only to the immediate point-of-contact line officer; an offender may report such incidents to any staff member using any available manner to include: i. Verbally in person to a staff member or through another third party who can assist the offender in filing requests for administrative remedies ii. Verbally through the offender telephone system Sexual Assault Hotline Number #55 iii. Written using an Offender Request or Informal Complaint, Regular Grievance, or Emergency Grievance. (See Operating Procedure 801.6, Offender Services, and Operating Procedure 866.1, Offender Grievance Procedure.)

Operating Procedure 801.6

3. Offender Request Alleging Sexual Abuse and Sexual Harassment a. The Offender Request is one internal way that probationers can privately report sexual abuse and sexual harassment, retaliation by other probationers or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. (§115.51[a], §115.251[a]) b. Staff shall accept any report of PREA related issues submitted and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an Internal Incident Report checked PREA shall be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§115.51[c],

Operating Procedure 803.3

VIII. Offender Hotline A. Probationers who have complaints or questions about the telephone service should be referred to the vendor's hotline, accessible by dialing 1

for English or 2 for Spanish, then dialing 0 for collect call, then entering their offender identification code (DOC state ID + 4 digit GTL assigned PIN), and dialing #21 from the offender telephone system. 1. The hotline is available from 7:00 A.M. to 9:00 P.M., Monday through Thursday, and 7:00 A.M. to 3:00 P.M. on Friday. 2. The hotline is closed on weekends and holidays. 3. The vendor is not required to respond to messages left on the Hotline outside of business hours; see ICM Offender Dialing Instructions. B. PREA/Sexual Abuse Hotline is available by dialing #55 at any time the offender telephones are available. (§115.51[a])

Operating Procedure 866.1

The Offender Grievance Procedure is one way in which probationers can privately report sexual abuse and sexual harassment, retaliation by other probationers or staff for reporting sexual abuse and sexual harassment, and/or any staff neglect or violation of responsibilities that may have contributed to such incidents.

(§115.51[a]) Probationers in the VADOC have multiple methods of reporting sexual abuse and sexual harassment. During interviews with both probationers and staff, it was clear that these options are well publicized. The main method of reporting impressed upon probationers is to dial #55 on the phone in any housing unit. This reporting option prompts the caller to either leave a message or they can talk with an advocate from the Action Alliance. It was noted that when staff were asked where this call went to, they were unclear.

Analysis/Reasoning:

The Auditor reviewed the facility's Offender Handbook. The handbook includes a section regarding grievances alleging sexual abuse. The Emergencies and Emergency Grievances section informs probationers emergency grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm. The Offender Handbook informs probationers they may report allegations:

- Verbally
- Dial #55
- Offender Request
- Informal Complaint or Emergency Grievance
- Writing the Action Alliance (Address provided)
- Third Party (address, email address, telephone number provided)

The Auditor reviewed the agency's Zero Tolerance Brochure. Each offender is provided the brochure during their intake. The brochure informs probationers to report sexual abuse or sexual harassment by:

- Verbally to staff
- Call #55
- Ask family or friends to report (email address, telephone number and address provided)

The Auditor reviewed the Memorandum of Understanding with the Virginia Sexual

and Domestic Violence Action Alliance (VSDVAA) and participated in a detailed tour of the CWCCAP. The tour included all offender housing units and support areas. Observations were made of posters and postings throughout the facility that inform probationers about the agency's zero-tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. The postings include the agency's available hotline number to the Family Violence and Sexual Assault Hotline. Probationers are not required to input a designated PIN number to dial the hotline number. This ensures probationers can remain anonymous upon request. The Auditor tested the agency's reporting hotline from an offender telephone. The Auditor received an immediate response after placing the telephone call.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to the offender population. All staff are provided the training in orientation, during the Correctional Officer Basic Course and during annual in-service training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's policy. The policy states, "Staff can privately report the sexual abuse and sexual harassment of probationers through the established reporting hotline at [number provided]." The Auditor reviewed the Virginia Department of Corrections website. The website includes a link to access its PREA information. The public has access to the VADOC reporting avenues. The public is informed how to make an allegation on behalf of an offender. The website's "Report Abuse" states, "If you have or someone you know has been sexually abused or sexually harassed while in custody or under supervision of the Virginia Department of Corrections (VADOC), safely report the incident:

- Call the 24/7 confidential reporting hotline at (number provided)
- File a complaint by completing the Third-Party Reporting Form. The form is also available in Spanish
- Send an email to (email address provided)."

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports of sexual abuse, sexual harassment, retaliation and staff neglect. Staff informed the Auditor they are required to accept such reports. Staff stated they are required to report allegations immediately to the Shift Commander and include the information on an Internal Incident Report. Each staff member was asked how they would privately report an allegation. The Auditor was informed staff would report the allegation to the facility investigator or use the sexual abuse hotline.

The Auditor conducted formal interviews with randomly chosen and specifically targeted probationers. Probationers were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. Each offender interviewed stated they are confident in staff's ability to maintain their information confidentially and were confident staff would handle the allegation appropriately. The probationers understood the available reporting avenues and are aware of the hotline, anonymous reporting and third-party reporting. Probationers understood they could make an allegation through the formal grievance

	mechanism. The Auditor conducted an interview with a facility volunteer and interviews with contractors. The Auditor asked each if they were required to report any knowledge, suspicion, or information regarding an act of sexual abuse or sexual harassment. Each informed the Auditor they are required to immediately report such. When asked if they are required to document the information, each stated they would be required to write a report. Conclusion: The Virginia Department of Corrections provides multiple ways for probationers to report allegations of sexual abuse and sexual harassment, including a public office that is not part of the agency who immediately forwards reports of sexual abuse and sexual harassment to the Regional PREA/ADA Analyst. The facility requires staff accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Offender Handbook, Zero Tolerance Brochure, Website, postings, investigative reports, MOU, training records, made observations, interviewed staff and probationers, and determined the facility meets the requirements of this standard.
--	---

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Operating Procedure 866.1, Offender Grievance Procedure, Institutions, January 1, 2021 • Offender Handbook • Investigative Records • Memos • Interview Staff Random Residents Auditor Discussion: Operating Procedure 038.3 III. Detection and Reporting A. Offender Responsibilities 1. Probationers can report sexual abuse and sexual harassment, retaliation by other probationers or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member including chaplains, medical, mental health or counseling staff, security staff, or

administrators. d. There is no time limit on when an offender may submit a Complaint, Informal Complaint, or Regular Grievance, regarding an allegation of sexual abuse. (See Operating Procedure 866.1, Offender Grievance Procedure, and Operating Procedure 866.2, Offender Complaints, Community Corrections.) (§115.52[b])

Operating Procedure 866.1

PREA Exception to Informal Complaint Process 1. An offender is not required to use the informal complaint process or otherwise attempt to resolve with staff any alleged incident of sexual abuse or sexual harassment. (§115.52[b (3)]) b. Exceptions to the 30-day timeline for filing: i. The delay is beyond the offender's control, i.e., injury, sickness, etc. The offender has five days to file their grievance once the reason for delay is no longer valid. ii. The offender has not received formal orientation on accessing the Offender Grievance Procedure at that institution. Provisions should be made for staff to provide assistance so that the offender's ability to grieve an issue is in no way hindered. iii. A more restrictive time limit has been established in operating procedures to prevent loss of remedy or the issue becoming moot. iv. There is no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse or sexual harassment. (§115.52[b (1)]) (a) Otherwise-applicable time limits apply to any portion of a grievance that does not allege an incident of sexual abuse. (§115.52[b (2)]) (b) The DOC retains their ability to defend against an offender lawsuit, on the grounds, that the applicable statute of limitations has expired. (§115.52[b (3)])

Analysis/Reasoning:

The Auditor reviewed the CWCCAP Offender Handbook. The handbook includes a section regarding the submission of grievances. The Emergencies and Emergency Grievance section informs probationers, "Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm." The handbook informs probationers to read VADOC Operating Procedure 866.1 regarding the agency's response to emergency grievances. The "Grievance Procedure for Sexual Abuse/Sexual Harassment" section states, "There is no time limit on when you may file a grievance regarding an allegation of sexual abuse or sexual harassment. You are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of your sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance. You will not be charged for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that you filed the report in bad faith."

The Auditor conducted formal interviews with probationers. Probationers were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Probationers asked were aware the facility accepts

	allegations of sexual abuse through the grievance mechanism. Probationers were aware they could file a grievance to report sexual abuse anonymously. None of the probationers interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse. The Auditor conducted interviews with facility staff. Staff were asked if probationers could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware probationers could file such grievances. Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender. The Auditor was informed the offender is provided a response within 8 hours. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance. The Auditor discussed disciplining an offender who has submitted an emergency grievance alleging sexual abuse in bad faith. Staff informed the Auditor they must have proof the offender submitted an allegation in bad faith. The Auditor was informed the facility has to get approval from the Regional PREA/ADA Analyst prior to placing a disciplinary charge on an offender for such. The Regional PREA/ADA Analyst informed the Auditor he reviews details of the allegation and investigative findings to ensure there is sufficient evidence to prove the offender submitted the allegation in bad faith. If such is determined, the Regional PREAADA Analyst will authorize the disciplinary charge. The CWCCAP reported no offender submitted a grievance alleging sexual abuse or an imminent risk of sexual abuse within the previous 12 months and did not have any disciplinary reports filed against an inmate for false allegations. Conclusion: The Auditor determined the VADOC has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, Offender Handbook, grievances, investigative records, and conducted interviews with staff and probationers to determine the facility meets the requirements of this standard.
--	---

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022
- Zero Tolerance Brochures
- MOU/Virginia Sexual and Domestic Violence Action Alliance Contract
- Offender Handbook
- Interviews
 - Staff
 - Random Residents

Auditor Discussion:**Operating Procedure 038.3**

B. Offender access to free outside confidential support services 1. The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide probationers with access to free confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA/ADA Supervisor. (§115.53[c], §115.253[c]) 2. Probationers should contact their facility PREA Compliance Manager, Unit Manager, or Mental Health staff for information on accessing outside victim advocates for free emotional support services related to sexual abuse or may utilize the Sexual Abuse Hotline (#55), Option 2. (§115.53[a], §115.253[a]) 3. The facility will inform 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. (§115.53[b], §115.253[b]) 4. The facility will enable reasonable communication between probationers and these organizations and agencies, in as confidential a manner as possible. (§115.53[a], §115.253[a])

Analysis/Reasoning:

The Virginia Sexual and Domestic Violence Action Alliance, or Action Alliance for short, provides advocacy services to the CWCCAP. The agency provided the Memorandum of Understanding (MOU) which the two entered into beginning in 2015. This MOU outlines what each agency will provide as part of this agreement. Probationers can reach out to the Action Alliance by calling #55 on the phone system and choosing Option #2. The phone call is not recorded when calling the #55 number, however, it can be determined who called this option by reviewing the video surveillance system to see who was calling at a particular time. They may also write to the Action Alliance at the address provided on posters hung in the housing units.

The auditor was provided with PREA Brochures in English, Spanish, and for those who are hearing impaired. The posters contained phone numbers and mailing addresses for victim emotional support services. The auditor established telephone contact with a representative of Action Alliance. They affirmed their service to DOC probationers alleging sexual abuse. The facility informs probationers, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of

	sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Conclusion: The facility maintains documentation it provides emotional support services for sexual abuse victims through written agreements. Contact information with the organization is provided by intake personnel through the Offender Handbook, Zero Tolerance Brochure and comprehensive education. The Auditor reviewed the VADOC policies, procedures, Memorandum of Understanding, Offender Handbook, Zero Tolerance Brochure, training acknowledgements and interviewed staff, and victim advocate. The only to concern about the availability of emotional support services was the number of probationers who indicated they were not familiar with Action Alliance and how to contact them for emotional support services. The Superintendent put the information poster of Action Alliance on the Center's TV channel for constant viewing. This action and previous actions support the facility's compliance of this standard.
--	---

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Agency Website • Third Party Reporting Form • Zero Tolerance Brochure • Offender Handbook • Facility Posters • Interviews - Staff - Random Residents - Observations Operating Procedure 038.3 Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public web site. (§115.54) The agency has three methods established and published for reporting sexual abuse. The first is a confidential reporting hotline with a toll-free number, 1-855-602-7001. The second is a "Third Party Reporting Form" which can be found on the agency's website in English and Spanish. The last is an email address for reporting, PREAGrievance@vadoc.virginia.gov. This information can be found at https://vadoc.virginia.gov/offender-resources/prison-rape-eliminationact/.

	Analysis/Reasoning: The Auditor participated in a detailed tour of the CWCCAP. During the tour the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. The CWCCAP materials provided to and for probationers inform they may have a third party make an allegation of sexual abuse and sexual harassment on their behalf. The Auditor conducted formal interviews with staff. Staff were asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they were required to accept all reports of sexual abuse and sexual harassment, including third party reports. Staff stated they immediately report the allegation to their supervisor and document the information on an Internal Incident Report. Staff stated the agency's policy requires them to document all verbal allegations received. The Auditor conducted formal interviews with probationers. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The probationers stated they could tell a staff member or any person they trust, file an emergency grievance, call the sexual abuse hotline, or have another person make the allegation on their behalf. Each offender understood how to have a third-party file an allegation on their behalf. Each offender understands they can file an allegation anonymously. The Auditor conducted formal interviews with facility and SIU Investigators. Investigators were asked in what ways they have received reports of sexual abuse and sexual harassment. Each explained they have received allegations by a third-party. Investigators explained they conduct investigation of all allegations, regardless of how they are made. Conclusion: The Auditor determined the facility accepts all reports, including third party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of an offender. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Offender Handbook, Zero Tolerance Brochure, Third Party Reporting Form, Investigative Records, interviewed staff and probationers, made observations and determined the facility meets the requirements of this standard.
--	--

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.1, Reporting Serious or Unusual Incidents, November 1, 2021 • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification,

June 1, 2021

- Operating Procedure 801.6, Inmate and CCAP Probationer/Parolee Services, June 1, 2021
- Investigative Records
- Training Curriculum
- Training Records
- Interviews
- Staff
- Random Residents

Auditor Discussion:

Operating Procedure 038.1

Reporting of Sexual Misconduct a. Any employee, volunteer, or contractor shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; retaliation against probationers or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If applicable, an Internal Incident Report shall be submitted with PREA checked in the description field; a PREA Report of Incident Review 038_F11 may be required at the conclusion of the investigation. (§115.61[a], §115.261[a]) (changed 6/1/19)

Operating Procedure 038.3

Staff, volunteers, and contractors must immediately report to their supervisor, or the OIC any knowledge, suspicion, or information on the following incidents; and if applicable, an Incident Report will be submitted in accordance with Operating Procedure 038.1 Reporting Serious or Unusual Incidents. (§115.61[a], §115.261[a])

a. Staff, volunteers, and contractors must immediately report the following: (§115.61[a], §115.261[a])

i. Any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOC

ii. Any incident of retaliation against staff or probationers who reported sexual abuse or sexual harassment

iii. Any incident of staff neglect or violation of responsibilities that may have contributed to the sexual abuse or sexual harassment and/or retaliation.

Operating Procedure 730.2

Any QMHP Psychology Associate, who has knowledge, suspicion, or information regarding an incident or alleged incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates probationers or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, must immediately notify the Facility Unit Head of the allegation, unless the referral is from the Facility Unit Head. (§115.61[a], §115.261[a])

Operating Procedure 801.6

Information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions. (§115.61[b], §115.261[b]) Staff interviews indicate staff are aware the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, as well as retaliation against probationers or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

Analysis/Reasoning:

Medical and mental health staff indicate they disclose the limitations of confidentiality and their duty to report, at the initiation of services to an offender. Medical and mental health staff also acknowledged being required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning it. Volunteers who were interviewed indicated their requirement to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility.

The Auditor conducted formal interviews with a facility investigator. The Auditor asked the investigator if he had conducted investigations of allegations that were reported by third parties. The investigator stated he conducts investigations of all allegations no matter the reporting avenue chosen. The Auditor asked if he has conducted investigations that were made anonymously.

The Auditor conducted formal interviews with randomly selected and specifically targeted probationers. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most probationers stated they do feel staff would maintain confidentiality of the information.

There were no youthful probationers housed at the facility and zero (0) third party reporting. The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors include reporting of sexual abuse and sexual harassment allegations. Each is required to read the agency's policies and sign receipt for such on an annual basis. The Auditor verified through training records each staff member, contractor and volunteer had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor conducted an interview with a facility volunteer. The volunteer was asked if he is required to report allegations of sexual abuse and sexual harassment. The volunteer stated the agency requires him to immediately report such allegations. The Auditor asked if he had received training from the facility. The volunteer stated he had received training and he was informed in training of the agency's requirement to report all allegations.

	Conclusion: The Auditor concluded staff, volunteers and contractors are aware of the VADOC requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful probationers. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff, contractors, volunteer and probationers to determine the facility meets the requirements of this
--	--

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 • Operating Procedure 830.6, Inmate Keep Separate Management, August 1, 2023 • Investigative Records • Internal Incident Reports • Interviews - Staff - Random Residents Auditor Discussion: Operating Procedure 038.3 Staff, Volunteer, and Contractor Responsibilities 1. When a staff member, volunteer, or contractor learns that an offender is subject to a substantial risk of imminent sexual abuse, the individual must notify their supervisor, or the Officer-in-Charge (OIC) so that immediate action can be taken to protect the offender. (§115.62, §115.262) Operating Procedure 730.2 The QMHP Psychology Associate will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an inmate offender when it is determined that the inmate offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization, (§115.62, §115.262)

Operating Procedure 830.6

Keep Separate - A classification action whereby an offender is not to be housed at a specific location, or with access to specific DOC staff, or offender; a "Keep Separate" determination is not required but may be based on:

- Two or more probationers who are a serious threat to one another as demonstrated by a verified, prior, aggravated assault (or contract for assault) where serious harm or death was clearly the intent of the aggressor
- One offender has testified against another offender in court and the offender's conviction and/or length of sentence was likely influenced by the testimony
- An offender's felony was committed against DOC staff, another offender, or the immediate family of the staff or offender
- The offender is a family member, friend, and/or prior associate with a DOC staff member
- The offender's crime was committed against a current or former institutional employee or in the locality where the institution is located
- The offender is subject to a substantial risk of sexual abuse from a specific, identified offender (§115.62) facility.

Analysis/Reasoning:

In the past 12 months, there were zero (0) number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the probationers would be moved to another housing unit to maintain the safety of both probationers. Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at-risk offender.

The Auditor participated in a detailed tour of the CWCCAP. The Auditor observed multiple housing units that provide an opportunity to ensure probationers who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility has the ability to transfer probationers to another facility if the offender could not be housed safely.

Conclusion:

The Auditor concluded the CWCCAP takes immediate and appropriate actions to ensure the protection of probationers who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, conducted interviews with staff and probationers, made observations and determined the CWCCAP meets the requirements of this standard.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Operating Procedure 030.4, Special Investigations Unit November 1, 2021 • Interview Facility Superintendent Auditor Discussion: Operating Procedure 030.4 When the Facility Unit Head receives notification from another facility that an offender was sexually abused while confined at that facility, they shall ensure that the allegation is investigated in accordance with the PREA Standards (§115.63[d], §115.263[d]) Operating Procedure 038.3 Any staff member, volunteer, or contractor, who receives an allegation that an offender was sexually abused while confined at another facility, must notify the Organizational Unit Head. a. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (§115.63[a], §115.263[a]) (changed 8/3/20) i. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. (§115.63[b], §115.263[b]) ii. The Organizational Unit Head or designee must document that it provided such notification. (§115.63[c], §115.263[c]) b. The facility head or agency office that receives the notification is responsible for ensuring that the allegation is investigated in accordance with the requirements of the Prison Rape Elimination Act National Standards. (§115.63[d], §115.263[d]) Analysis/Reasoning: The CWCCAP reported there was zero (0) allegations received that an offender had allegedly been sexually abuse while confined at another facility. The facility reported there were zero (0) notifications received from another facility that a former CWCCAP offender alleged sexual abuse while incarcerated at the CWCCAP. The Auditor conducted formal interviews with CWCCAP staff. Each staff member was asked what actions they take if an offender alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the agency investigator would immediately be notified. The investigator stated he would ensure the Facility Superintendent is notified so proper notification could be made in a timely manner. The investigator stated he would conduct an

	investigation into the allegation. The Auditor conducted a formal interview with the facility's Facility Superintendent. The Facility Superintendent explained he notifies another facility once the CWCCAP receives an allegation that an offender alleges suffering sexual abuse at another facility. The Facility Superintendent places a telephone call followed by an email to make notification. When asked when the notification would occur the Facility Superintendent explained he has up to 72 hours to make the notification but would make the notification as soon as he receives it. The Auditor asked the Facility Superintendent to explain what takes place when he receives notification from another facility that a former CWCCAP offender has alleged suffering sexual abuse at the CWCCAP. The Facility Superintendent stated she would ensure the investigator is notified so an investigation would be conducted. The Facility Superintendent explained there has not been an instance where he has had to notify another facility and has received no notices from another facility since he has been assigned to the CWCCAP. The Auditor discussed notification requirements of this standard with the Facility Superintendent. The Facility Superintendent is clear of the requirements. Conclusion: The Auditor reviewed the agency's policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. Although the facility's Facility Superintendent has not been required to make a notification in the previous 12 months, she is clear on the notification requirements. The Auditor determined the facility meets the requirements of this standard.
--	--

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 030.4, Special Investigations Unit 11/1/2021 • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • CWCCAP Coordinated Response Plan • Sexual Assault Response Checklist • Investigative Reports • Interviews - Security First Responders - Non-Security First Responders Auditor Discussion: Operating Procedure 030.4

The Organizational Unit Head or the individual in charge at the scene of a serious incident must take appropriate action necessary to protect physical evidence and crime scenes until released to the responding Special Agent. a. All staff in the immediate area at the time of a serious incident will be identified and directed to record their observations on Internal Incident Reports. b. All probationers in the area will be identified, separated, and secured. c. Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to: (§115.64[a], §115.264[a]) i. Separate the alleged victim and abuser ii. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence iii. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. iv. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. d. The scene will not be disturbed until released by the responding Special Agent.

Operating Procedure 038.3

Facility Staff Responsibilities

1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security staff member to respond to the report will be required to: (§115.64[a])

Analysis/Reasoning:

The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify the Shift Commander. Security staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence. The Auditor asked each what action they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they knew who would be allowed in the crime scene to process the evidence. Staff understood the VADOC Special Investigations Unit Investigator would process evidence from the crime scene.

Each staff member interviewed by the Auditor was asked how they preserve evidence of a crime scene. Staff informed the Auditor a cell door would be locked if the incident occurred in a cell. Staff stated a security member would be posted in an area if the alleged incident occurred in an area outside of a cell. Staff stated the population would be locked down following an incident until the evidence could be processed. The Auditor asked how they document their actions. Each staff member stated they are required to submit an Incident Report and required to include

information in the housing unit logbook.

The Auditor reviewed the CWCCAP Coordinated Response Plan. The Coordinated Response Plan includes first responders' duties of security officers and security supervisors following an incident of sexual abuse. The Auditor observed the following required actions of security officers:

- Notify the Shift Commander immediately;
- Notify ADO, Institutional Investigator, PREA Coordinator as soon as the alleged victim and abuser have been separated;
- Notify Medical staff immediately;
- Preserve any crime scene;
- Request the alleged victim not to take any actions that might destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);
- Ensure alleged abuser - if this person can be identified - does not take any action to destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);
- Escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation; and
- Create Internal Incident Report on VACORIS.

The CWCCAP Coordinated Response plan includes the following actions of security supervisor first responders:

- Notify the Shift Commander immediately;
- Notify ADO, Institutional Investigator, PREA Coordinator as soon as the alleged victim and abuser have been separated;
- Notify Medical staff immediately;
- Preserve any crime scene;
- Request the alleged victim not to take any actions that might destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);
- Ensure alleged abuser - if this person can be identified - does not take any action to destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating);
- Escort the victim to the Medical Department as soon as possible to provide examination, treatment and evaluation;
- Make arrangements to have alleged victim taken to a hospital that provides a PERK test if advised by Medical;
- Create Internal Incident Report on VACORIS;
- In the event that the alleged abuser is identified as a staff person, have that staff member removed from the area and not returned to that area until the investigation is complete; and
- Once returned from the hospital and abuse is confirmed, have that offender placed in the Medical Observation Unit until investigation is complete.

The Agency uses a Sexual Assault Response Checklist to document staff actions in response to a sexual abuse incident. The Sexual Assault Response Checklist includes all required actions listed in the facility's Coordinated Response Plan. In

addition to security officer and security supervisor actions, the checklist includes follow-up services offered by counseling and mental health practitioners. The checklist requires the staff member include the date and time each action on the checklist was completed.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both security and non-security personnel. The Auditor observed all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse. The Auditor conducted formal interviews with non-security first responders. Non-security first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what action they would take if they discovered an offender had been sexually abused.

Each informed the Auditor they would remain with the offender and immediately notify a security staff member. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such. The Auditor asked how they ensure any evidence would be protected. Each non-security first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each what action would destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, eating and drinking could potentially destroy physical evidence.

The Auditor conducted formal interviews with medical practitioners. The practitioners have been trained to treat an offender while preserving physical evidence. The Auditor was informed medical staff immediately treat any life-threatening injuries. If the victim has no life-threatening injuries medical personnel collect the offender's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life-threatening injury would be provided to the Special Investigations Unit Investigator. The medical practitioner stated medical personnel attempt to preserve any evidence while treating the victim.

The CWCCAP reported zero (0) allegations of sexual abuse were received within the previous 12 months. There were no instances that required a security staff member or non-security staff member follow the first responder duties as required by this standard. Interviews with staff reveal they are aware of the requirements as a first responder following an incident of sexual abuse. At the time of the audit there were no probationers at the facility who made an allegation of sexual abuse.

Conclusion:

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor appeared proficient in their duties. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, investigative reports, interviewed staff and determined the facility meets the

	requirements of this standard.
--	--------------------------------

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), 09/01/2022 • Sexual Assault Response Checklist • CWCCAP Coordinated Response Plan • Training Records • Interviews - Staff - Random Residents Auditor Discussion: The Virginia Department of Corrections requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency has created a Sexual Assault Response Checklist that supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident. Operating Procedure 038.3 Response A. Each facility will develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, Psychology Associates, investigators, and facility leadership. (See Sexual Assault Response Checklist 038_F6.) (§115.65, §115.265) (changed 3/5/20) Analysis/Reasoning The agency has created a Sexual Assault Response Checklist that documents staff actions following an incident of sexual abuse. The Sexual Assault Checklist includes the following actions: • Incident Began/Discovered • Notify Security Staff • Separate the alleged victim and abuser • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence • Request 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

- Escort the victim to the facility medical unit as soon as possible to provide examination, treatment, and evaluation
- Notify the Unit Head and Administrative Duty Officer
- Contact the Special Investigation Unit, (name and number provided)
- Ensure that photographs are taken to document any physical evidence such as torn clothing, bruises, abrasions, etc.
- If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually transmitted diseases
- Ensure referral for counseling and mental health service needs if warranted
- Ensure that upon return from the hospital emergency room, the victim is interviewed for protective custody needs
- Ensure follow up medical treatment or mental health service needs are arranged
- Notify the State-wide PREA Coordinator or Regional PREA Analyst (name and number provided)
- Complete an IIR or IR (recent sexual assaults only)
- Notify the Operations and Logistics Unit for recent sexual assaults only. Advise "Alleged recent sexual assault at (facility name)." No additional information will be reported.

The Sexual Assault Response Checklist requires the staff include the date and time each action listed above is taken. The Auditor conducted formal interviews with staff listed in the agency's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the CWCCAP Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been trained in their responsibilities in response to an allegation of sexual abuse. The agency's training includes elements of its coordinated response plan.

The Auditor verified all agency personnel, volunteers and contractors had received the training. The Auditor conducted formal interviews with probationers. Probationers were asked if they feel safe in the facility. Most stated they do feel safe in the facility. Probationers were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Most probationers interviewed stated they are confident in staff's abilities. Probationers informed the Auditor staff are helpful to the population. The Auditor asked each offender if they had ever heard of or seen an incident of sexual abuse occurring at the facility, none had.

There were no probationers incarcerated at the time of the audit who filed an allegation of sexual abuse. The facility reported no allegations of sexual abuse were received in the past 12 months. Through interviews the Auditor determined staff understands they are required to immediately ensure the safety of each offender who alleges sexual abuse. There were no incidents that required staff implement first responder duties as required in the facility's Coordinated Response Plan.

	Conclusion: The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of the agency's policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and probationers, the Auditor determined the CWCCAP meets the requirements of this standard.
--	--

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Code of Virginia • Memorandum • Interviews: Staff Virginia Code 40.1-57.2 stipulates, "No state, county, municipal, or like governmental officer, agent or governing body is vested with or possesses any authority to recognize any labor union or other employee association as a bargaining agent of any public officers or employees, or to collectively bargain or enter into any collective bargaining contract with any such union or association or its agents with respect to any matter relating to them or their employment or service." 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. There were no allegations of sexual abuse against a staff member alleged during the previous 12 months. Interviews with staff reveal they do not participate with or are members of any organization or agency responsible for collective bargaining on their behalf. Conclusion: The Auditor concluded the VADOC has not entered into any collective bargaining that would restrict its ability to remove staff sexual abusers from contact with probationers. The Auditor determined the facility meets the requirements of this standard.

115.267	Agency protection against retaliation
----------------	--

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022
- Operating Procedure 075.7, Critical Incident Peer Support Team, October 1, 2021
- Operating Procedure 135.1, Standards of Conduct, April 1, 2023
- Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships, October 1, 2022
- Investigative Records
- Retaliation Monitoring Log
- Interview
 - Retaliation Monitor
 - Random Residents

Auditor Discussion:

Operating Procedure 038.3

VII. Protection against Retaliation A. All staff and probationers who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other probationers or staff. (§115.67[a], §115.267[a]) 1. Allegations of retaliation will be reported through the same methods as available for reporting sexual abuse or sexual harassment. 2. Such allegations must be investigated in the same manner as allegations of sexual abuse. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of probationers and staff who reported sexual abuse or cooperated with a sexual abuse investigation, and of probationers who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by probationers or staff, and will act promptly to remedy any such retaliation. (§115.67[a], §115.67[c], §115.267[a], §115.267[c]) a. Items to be monitored include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. b. The PREA Compliance Manager must continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Operating Procedure 075.7

C. Staff who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and are in need of or request emotional support services should be referred to the EAP. (§115.67[b], §115.267[b])

Operating Procedures 135.1

V. Pre-Disciplinary Leave with Pay

Used when an employee is under investigation and/or disciplinary action is being

considered and the employee's removal from the workplace is necessary or prudent. There are two categories of Pre-Disciplinary Leave with Pay:

A. Immediate Removal from the Workplace for Disciplinary Reviews or Administrative Investigations

1. Management may immediately remove an employee from the workplace without providing advance notification when the employee's continued presence:

- a. May be harmful to the employee, other employees, and/or an inmate/probationer/parolee.
- b. Hinders the agency's ability to conduct business operations.
- c. May hamper or interfere with an internal investigation into the employee's alleged misconduct and/or may hamper an external investigation being conducted by law enforcement for alleged criminal charges and/or civil matters that are relevant to the employee's performance of assigned job duties; and/or
- d. May constitute negligence in regard to the agency's duties to the public and/or other employees.

2. An employee should be immediately advised of the reason for their removal from the workplace.

- a. As soon as possible after an employee's removal from the work area for reasons stated above, management must provide the employee with written notification of the intended corrective action and a summary or description of the evidence of the offense for which the corrective action is being contemplated, and when applicable, that an administrative investigation of the employee's conduct is underway.
 - b. Written notification of pre-disciplinary leave with pay pending disciplinary review or agency pre- investigation shall be by memorandum, not communicated via the Written Notice form.
 - c. Employees must be provided a reasonable opportunity to respond before taking any formal corrective action.
 - d. Contingent with the circumstances and with approval from Human Resources Director or designee, agency management may temporarily reassign an employee to a vacant position in the same pay band, temporarily remove and reassign job duties at the same pay level or permit the employee to telework as appropriate. Provide the employee specific instructions in writing prohibiting potential interference with the ongoing investigation to include refraining from discussing the matter with other employees. Such discussions shall be limited to Human Resources or the employee's supervisor or managers within their reporting structure.
3. Employees may be placed on Pre-Disciplinary Leave for up to 15 workdays (maximum of 120 hours for non-exempt employees), during which time a disciplinary review or administrative investigation should be conducted. If the disciplinary review or administrative investigation is not completed within fifteen workdays the DOC must:
- a. Impose disciplinary action in accordance with this operating procedure
 - b. Permit the employee to return to work pending the outcome of review or investigation
 - c. Extend Pre-Disciplinary Leave with Pay for a specified period of time as determined by the Director. This authority has been delegated to the Human

	Resources Director or designee. If approved, the Human Resource Officer should advise the employee of the extended pre-disciplinary leave in writing. Operating Procedure 135.2 All probationers and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other probationers or staff. (§115.67[a, c], §115.267[a, c]) 1. The Organizational Unit Head will designate appropriate staff to monitor the conduct and treatment of probationers or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment. a. Designated staff will monitor for retaliation at least 90 days following the report to determine if there are changes that may suggest possible retaliation by probationers or staff. b. If the initial monitoring indicates a continuing need, designated staff will continue monitoring beyond 90 days and notify the unit PREA Compliance Manager. During the pre-audit, the auditor was provided with copies of the PREA Compliance Managers logbook that she uses to make notes documenting her retaliation monitoring. In the past 12 months, there have not been any incidents of retaliation that have occurred. Analysis/Reasoning: Staff interviews indicate the PREA Compliance Manager monitors retaliation for up to 90 days. Retaliation may be monitored beyond 90 days, if warranted. If a staff member was involved, the staff member would be separated from the offender and may receive disciplinary action commensurate with the type of behavior taken. If an offender retaliates against another offender, they would be kept separate from one another. Other options to protect against retaliation include protective custody and/or transfer to another facility. Conclusion: The Auditor determined the agency has appropriate policies and practices in place to ensure staff and probationers are protected from retaliation. The Auditor reviewed the VADOC policies, procedures, retaliation monitoring log, investigative reports, conducted interviews with staff and probationers and determined the facility meets the requirements of this standard.
--	--

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 030.4, Special Investigations Unit, November 1, 2021 • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022

- Training Curriculum
- Investigative Records
- Investigative Matrix
- Interview:
Investigators

Auditor Discussion:

Operating Procedure 030.4

6. All investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (§115.71[a])

Operating Procedure 038.3

Upon completion of the investigation, a PREA Investigative Report 038_F9 must be completed and submitted to the facility PREA Compliance Manager who will review the Investigative Report and ensure that each required component of the Report is addressed. a. The investigative report must include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and any investigative facts and findings. (§115.71[f(2)], §115.271[f(2)])

Analysis/Reasoning:

The Auditor conducted a formal interview with a facility investigator. The investigator discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation the interviews the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. The Investigator stated she reviews criminal record, institutional history, grievances, discipline history, Incident Reports, Request Forms, video footage, telephone records, previous complaints and any other relevant information. The investigator was asked how she determines the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, and statements made during the interview and subsequent interviews.

The Investigator was asked if she attempts to determine if staff actions or failure to act may have contributed to an incident of sexual abuse. The Investigator stated he does attempt to determine if staff actions or lack thereof contributed to the incident. The Auditor asked the Investigator what types of evidence he attempts to gather. The Auditor was informed the Investigator gathers staff reports, housing records, log books, video footage, telephone records, grievances, discipline records, testimonial evidence, physical evidence and any other relevant documents or information. The Investigator was asked when she begins investigative efforts. The Auditor was informed the Investigator begins efforts as soon as she is notified.

	The Auditor asked how investigations are conducted when she is not on site. The Investigator stated when she receives a call to conduct an investigation she comes into the facility after receiving the call. The facility Investigator also stated the SIU investigator conducts investigations in her absence. The Auditor toured the area where investigative records are maintained. Facility Investigators maintain all investigative documents and reports in their individual locked office. All information related to investigations is forwarded to the Regional PREA/ADA Analyst for data compiling. Electronic data is securely maintained on Investigators and the PREA/ADA Analyst's computer. Each has a unique username and password. The Auditor asked each Investigator and the Regional PREA/ADA Analyst how long they maintain investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the VADOC. Each Investigator was asked if they require the victim to submit to a polygraph examination or other truth telling device. The Auditor was informed they do not polygraph an alleged victim or use any other truth telling device. Conclusion: During the past 12 months, no allegations were referred for prosecution. The Auditor determined the VADOC has appropriate policies to ensure investigations are conducted appropriately, objectively and thorough. The facility trains its investigators to conduct investigations in a confinement setting. Facility investigators are aware all criminal allegations must be referred to the Special Investigations Unit for criminal investigation. The Auditor reviewed agency policy, procedures, training records, investigative records, investigative matrix, made observations, interviewed staff and probationers to determine the facility meets the requirements of this standard.
--	---

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships, October 1, 2022 • Operating Procedure 861.1 Inmate Discipline, September 1, 2023 • Investigative Records • Interview: Investigators Operating Procedure 135.2 A preponderance of the evidence will be adequate in determining whether

	allegations of sexual abuse or sexual harassment are substantiated. §115.72) Operating Procedure 861.1 3. The inmate disciplinary process, as described in this procedure, is an administrative due process proceeding that is separate and independent from the criminal judicial system. (4-ACRS-6A-02) Although strict rules of evidence do not apply, staff must present sufficient evidence at a disciplinary hearing to support a finding of guilt based on the preponderance of evidence. (§115.72) Analysis/Reasoning: The Auditor conducted a formal interview with facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigators to explain the meaning of preponderance. Investigators explained a preponderance means there is more evidence to justify the investigator's determination. Conclusion: The Auditor was able to determine Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's policies, procedures, investigative reports and interviewed facility Investigators and determined the facility meets the requirements of this standard.
--	---

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 030.4, Special Investigations Unit, November 1, 2021 • Operating Procedure 038.3, Prison Rape Elimination Act (PREA). September 1, 2022 • Investigative Records • Interviews: - Staff Auditor Discussion: Operating Procedure 030.4 Upon completion of the investigation, SIU should report to the Facility Unit Head to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. (§115.73 [a], §115.273[a])

Operating Procedure 038.3

Reporting to probationers 1. Following an investigation into an offender's allegation that they suffered sexual abuse or sexual harassment in a DOC facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (See Attachment 3, Response to Offender PREA Allegation - Sample Letters.) (§115.73[a], §115.273[a]) (added 8/3/20) All such notifications or attempted notifications must be documented and sent to the offender in the same manner as legal mail. (See Operating Procedure 803.1, Offender Correspondence, for legal mail requirements.) (§115.73[e], §115.273[e]) d. Any obligation to report under this standard terminates if the offender is released from DOC custody. (§115.73[f], §115.273[f]) Following an investigation into an offender's allegation that they suffered sexual abuse or sexual harassment in a DOC facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (See Attachment 3, Response to Offender PREA Allegation - Sample Letters.) (§115.73[a], §115.273[a]) (added 8/3/20) a. Following an offender's allegation that a staff member committed sexual abuse against the offender, the PREA Compliance Manager or investigator must subsequently inform the offender whenever: (§115.73[c], §115.273[c]) i. The allegation has been determined to be unfounded ii. The allegation has been determined to be unsubstantiated iii. The staff member is no longer posted within the offender's unit iv. The staff member is no longer employed at the facility v. The DOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility vi. The DOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. b. Following an offender's allegation that they have been sexually abused by another offender, the PREA Compliance Manager or investigator must subsequently inform the alleged victim whenever: (§115.73[d], §115.273[d])

Analysis/Reasoning:

The Auditor conducted a formal interview with the PREA Compliance Manager. Either the investigator or the PCM informs offender victims of the investigative outcome at the conclusion of an investigation. The Auditor asked the PCM who notifies the offender following an indictment and/or criminal charges placed against an offender or staff member. The PCM stated that information is obtained from the SIU and the notification would be made by either the investigator or PCM. The Auditor asked the PCM how notifications to probationers are documented by the facility. The Auditor was informed notifications are documented on a letter to the offender and process as legal mail. The Auditor asked the PCM how notification is received from the SIU regarding criminal charges and indictments. The PCM stated the SIU Investigator contacts the Superintendent, PCM or investigator so proper notification can be made to the offender. The PCM informed the Auditor retrieving that information is not difficult as the SIU is part of the agency and required by policy to provide the information. The Auditor conducted a formal interview with an SIU Investigator. The SIU Investigator was asked if she notifies the facility following the placement of criminal charges and/or indictments. The SIU Investigator stated he does contact the facility and share that

	information. The SIU investigator was asked if he would ever notify an offender of the investigative or prosecutorial efforts. The investigator stated she is not obligated to make that notification but is obligated to inform the facility. Conclusion: CWCCAP had one (1) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. A notification was forwarded to the offender stating that investigation has determined the allegation is unsubstantiated. Of the alleged sexual abuse investigations that were completed in the past 12 months, there were one (1) inmate who were notified, verbally or in writing, of the results of the investigation. There were zero (0) number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, there were zero (0) number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard was zero (0). Of those notifications made in the past 12 months, the number that were documented was zero (0). The Auditor concluded the PCM understands the requirement and the agency has appropriate procedures in place to notify probationers of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, interviewed staff and probationers to determine the agency meets the requirements of this standard.
--	--

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 135.1, Standards of Conduct, April 1, 2023 • Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships, October 1, 2022 Investigative Records • Interviews: - Staff Auditor Discussion: Operating Procedure 135.2 Any behavior of a sexual nature between employees, contract employees, or

volunteers and probationers, offender's immediate family, or a close friend of the offender is prohibited. (5-ACI-1C-09; 5-ACI-3D-14; 4-4056, 4-4281-6; 4-ACRS-6A-05, 4-APPFS-3C-02; 4-APPFS-3E-05; 2-CO-1C-11) Behavior of a sexual nature includes sexual abuse, sexual assault, sexual harassment, physical conduct of a sexual nature, sexual obscenity, and conversations or correspondence of an emotional, romantic, or intimate nature. 1. Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, Standards of Conduct. (§115.76[a], §115.276[a]) 2. Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. (§115.76[b], §115.276[b]) 3. Disciplinary sanctions for violations of DOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (§115.76[c], §115.276[c]) 4. All terminations for violations of DOC sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. (§115.76[d], §115.276[d])

Operating Procedure 135.1

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

Analysis/Reasoning:

The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the VADOC reports criminal violations to law enforcement agencies. The agency's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies.

Command staff interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are immediately removed from contact with probationers and disciplined for such policy violations. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the act. The Auditor was informed by command staff that an employee who commits an act of sexual abuse will be terminated. The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor if the act was criminal in nature the investigator would contact the Special Investigations Unit for a criminal investigation. Facility investigators immediately cease efforts once a determination is made that sufficient evidence appears to

	support criminal activity. Each Investigator coordinates with the SIU Investigator and assists in their efforts when requested by the SIU Investigator. The Auditor asked how the investigation is handled if the act was not criminal in nature. The Investigator continues the investigation until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned if warranted. Conclusion: During this audit period, CWCCAP did not report referrals to any Law Enforcement agencies or relevant licensing bodies and did not have any staff that was disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy. The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the agency's policies, procedures, investigative records, and conducted interviews with staff and determined the agency meets the requirements of this standard.
--	--

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 027.1, Volunteer Program and Internships, April 1, 2023 • Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships, October 1, 2022 • Investigative Records • Training Records • A Guide to Maintaining Appropriate Boundaries with Probationers Brochure • Interviews: - Contractors - Volunteer - Staff Auditor Discussion: Operating Procedure 027.1 Possible grounds for intern dismissal include failure to comply with DOC procedures, federal or state laws, or unit rules. Every effort should be made to provide

appropriate internship training and supervision to help avoid violations and possible termination. 1. Any intern who engages in sexual abuse will be banned, prohibited from contact with probationers, and will be reported to relevant licensing bodies and reported to law enforcement agencies, unless the activity was clearly not criminal. (§115.77[a], §115.277[a]) 2. In the event of any other violation of DOC sexual abuse or sexual harassment policies by an intern, the facility will take appropriate remedial measures and will consider prohibiting further contact with probationers. (§115.77[b], §115.277[b])

Operating Procedure 135.2

Any behavior of a sexual nature between employees, contract employees, or volunteers and probationers, offender's immediate family, or a close friend of the offender is prohibited. (5-ACI-1C-09; 5-ACI-3D-14; 4-4056, 4-4281-6; 4-ACRS-6A-05, 4-APPFS-3C-02; 4-APPFS-3E-05; 2-CO-1C-11) Behavior of a sexual nature includes sexual abuse, sexual assault, sexual harassment, physical conduct of a sexual nature, sexual obscenity, and conversations or correspondence of an emotional, romantic, or intimate nature. Any contractor or volunteer who engages in sexual abuse of probationers must be prohibited from contact with probationers and must be reported to any relevant licensing bodies by the DOC PREA Coordinator, and to law enforcement agencies, unless the activity was clearly not criminal. (§115.77[a], §115.277[a]) The DOC will take appropriate remedial measures, and will consider whether to prohibit further contact with probationers, in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer. (§115.77[b], §115.277[b])

Analysis/Reasoning:

The CWCCAP reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with a volunteer and contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The volunteer and contractors informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.

Volunteers and contractors are made aware of the VADOC sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attend training and signs a form of receipt of such. The facility provides each volunteer and contractor "A Guide to Maintaining Appropriate Boundaries with Probationers Brochure" during their orientation. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies.

	The CWCCAP command staff are aware of the requirement to notify the SIU following a contractor or volunteer's participation in a criminal act of sexual abuse. Command staff informed the Auditor a contractor or volunteer would immediately be prohibited from offender contact pending the results of the investigation. The Auditor was informed the SIU does not defer to the Commonwealth Attorney's Office if the act was clearly not criminal. Command staff, facility investigators and the Facility Superintendent were asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the VADOC sexual abuse or sexual harassment policies and procedures. The Auditor was informed no contractor or volunteer had been found in violation of those policies. The facility notifies the Virginia Board of Health Professionals when a licensed medical or mental health professional is found in violation of such policies. Conclusion: The VADOC maintains appropriate policies to ensure contractors and volunteers at the CWCCAP are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's policies, procedures, training records, training curriculum and conducted formal interviews with staff, volunteer and contractors to determine the facility meets the requirements of this standard.
--	--

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022 • Operating Procedure 820.1, Inmate Case Management, March 1, 2021 • Operating Procedure 830.3, Good Time Awards, July 1, 2022 • Operating Procedure 861.1, Inmate Discipline, September 1, 2023 • Interviews: - Investigator - Medical Practitioners - Mental Health Practitioner - Random Residents Auditor Discussion: Operating Procedure 038.3 Any offender who makes a report of offender-on-offender sexual violence or staff sexual misconduct or harassment that is determined to be false may be charged with a disciplinary offense if it is determined in consultation with the Regional PREA

Analyst that the report was made in bad faith. (§115.78[f], §115.278[f]) a. Probationers will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. b. Even if an investigation does not establish sufficient evidence to substantiate the allegation, reports of sexual abuse made in good faith will not constitute falsely reporting an incident or lying.

Operating Procedure 820.1

b. At institutions that offer therapy, counseling, or other interventions that are designed to address and correct the underlying reasons or motivations for sexually abusive behavior, a Psychology Associate or other qualified staff member should:

- i. Determine if an inmate, found guilty of a disciplinary or criminal offense for sexual abuse, is required to participate in such interventions, as a condition of access to programming or other benefits. (§115.78[d], §115.278[d])
- ii. Charge HRSA inmates in an institution, who do not comply with therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for their sexually abusive behavior with offense code 200, Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed; see Operating Procedure 861.1, Offender Discipline, Institutions.

Operating Procedure 820.2

Facilities that offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior shall determine if probationers who are found guilty of a disciplinary or criminal offense for sexual abuse are required to participate in such interventions as a condition of access to programming or other benefits. (§115.78[d], §115.278[d]) iii. Probationers that do not comply with therapy, counseling, or other interventions should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions, or offense code 217 in accordance with Operating Procedure 861.2 Offender Discipline, Community Corrections Facilities. (§115.78[d], §115.278[d])

Operating Procedure 830.3

An offender identified as a High-Risk Sexual Aggressor (HRSA) (See Operating Procedure 810.1, Offender Reception and Classification.) that does not comply with therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse should be charged with offense code 200 in accordance with Operating Procedure 861.1, Offender Discipline, Institutions. (§115.78[d])

Operating Procedure 861.1

a. Sexual assault upon or making forcible sexual advances toward a non-offender (§115.78[e]) b. Sexual assault upon or making forcible sexual advances toward an offender (§115.78[a, g]). Making sexual advances, either physical, verbal in nature,

	or in writing toward a nonoffender without their consent (§115.78[e]) b. Making sexual advances, either physical, verbal in nature, or in writing toward an offender (§115.78[a, g]) Analysis/ Reasoning: The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. Disciplinary charges are not placed on an offender for filing an allegation unless the facility can prove the offender made the allegation in bad faith. Each Investigator was asked if charges are placed on probationers if an act is consensual. The Auditor was informed disciplinary charges are placed on probationers for participating in sexual activity. Investigators explained probationers who participate in a consensual sex act are not charged for a sexual abuse related offense. The Auditor conducted a formal interview with medical health practitioners. The Auditor asked what services are offered to probationers. Probationers are offered counseling, therapy and other intervention services. The Auditor asked if probationers are required to participate in any meetings or sessions. The Auditor was informed probationers are not forced to participate in any mental health service offered at the facility. Medical and mental health services are offered to all probationers. Probationers maintain the right to refuse services. The mental health practitioner informed the Auditor her department is involved following an act of sexual abuse, including a consideration of whether mental disabilities may have contributed to the incident. The facility reported there were zero (0) number of administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. In the past 12 months, there were zero (0) criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility. Conclusion: The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, offender records, interviewed staff and probationers. The Auditor determined the facility meets the requirements of this standard.
--	---

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2023
- Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021
- Sexual Assault Response Checklist
- Interviews:
 - Medical Practitioners
 - Mental Health Practitioner
 - Staff
 - Random Residents

Auditor Discussion:**Operating Procedure 720.7**

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

Operating Procedure 730.2

QMHP Psychology Associates may be made aware of the incident or alleged incident from Health Services staff, investigators, a Mental Health Clinical Supervisor, directly from the inmate offender, inmate offender family members, PREA Hotline, or other contacts and facility staff. (§115.82[a], §115.83[a], §115.282[a], §115.283[a])

Analysis/Reasoning:

Per a memo from Deputy Director for Administration, dated March 1, 2023, "Effective April 1, 2023, Operating Procedure 720.4, Co-Payment for Healthcare Services, issued January 1, 2021, is rescinded. The Virginia Department of Corrections suspended healthcare co-payments in 2020 and has determined the procedure and practice will be permanently rescinded.

	•Existing inmate and CCAP probationer/parolee debts from previous unpaid co-payments will be removed from accounts by this procedure being rescinded. •Inmates and CCAP probationer/parolees are responsible for existing charges for damage to prosthetics, orthotics, and medical equipment and the charges should be kept on accounts. •Inmates and CCAP probationer/parolees will be charged with a new offense code for negligent damage to their own or other inmate/probationer/parolee prosthetics, orthotics, or medical equipment in accordance with Operating Procedure 861.1, Inmate Discipline”. Conclusion: The Auditor determined the facility provides probationers access to timely and unimpeded access to emergency medical services. Medical practitioners provide offender victims emergency contraception and sexually transmitted infections prophylaxis. The Auditor reviewed the agency's policies, procedures, Sexual Assault Response Checklist and interviewed staff, probationers and SANE. The Auditor determined the agency meets the requirements of this standard.
--	--

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 720.1, Access to Health Services, January 1, 2022 • Operating Procedure 720.7, Emergency Medical Equipment and Care, October 1, 2023 • Operating Procedure 730.2, MHWS: Screening, Assessment, and Classification, June 1, 2021 • Sexual Assault Response Checklist • Memo • Interviews: - Medical Practitioners - SANE - Staff Auditor Discussion: Operating Procedure 720.1 Probationers who are pregnant as a result of sexually abusive vaginal penetration while incarcerated will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. (§115.83[e], §115.283[e])

Operating Procedure 720.7

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

Operating Procedure 730.2

QMHP Psychology Associates may be made aware of the incident or alleged incident from Health Services staff, investigators, a Mental Health Clinical Supervisor, directly from the inmate offender, inmate offender family members, PREA Hotline, or other contacts and facility staff. (§115.83[a], §115.283[a]) If the incident or alleged incident is a recent sexual assault (i.e., having occurred within the past two weeks), the QMHP Psychology Associate will immediately notify the facility Medical Department unless the referral is from Medical. ii. The QMHP Psychology Associate will initiate contact with the victim as soon as possible but no later than two working days after receiving notification of the incident or alleged incident (unless the inmate offender is unavailable, e.g., hospitalized). (a) The evaluation and treatment of the victim will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (§115.83[b], §115.283[b]) (b) The QMHP Psychology Associate should offer services and, based on the inmate's offender's mental and physical status, set an initial time as soon as possible to meet with the inmate offender. (c) If, prior to seeing the inmate offender, the QMHP Psychology Associate learns that the inmate offender has been transported to another DOC facility, the QMHP Psychology Associate will contact the Senior QMHP Psychology Associate at the receiving facility to ensure follow up. iii. If indicated, the examining QMHP Psychology Associate will offer the inmate offender information on ways to avoid or reduce the probability of sexual victimization to include providing the inmate offender a copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment

attachment to Operating Procedure 038.3, Prison Rape Elimination Act (PREA). iv. The QMHP Psychology Associate will conduct a Sexual Assault Assessment 730_F25 and recommend subsequent services as indicated. The Sexual Assault Assessment may be conducted by any QMHP Psychology Associate identified by their immediate supervisor as competent to conduct such assessments. (§115.83[a], §115.283[a]) QMHP Psychology Associate s will attempt to conduct a mental health evaluation of all known inmate offender-on- inmate offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate. (§115.83[h], §115.283[h]) (a) Other than routine monitoring (e.g., in Restrictive Housing Unit), mental health services are not automatically offered to the alleged/founded perpetrator of the sexual assault. (b) If mental health services are provided, e.g., if the alleged/founded perpetrator requests such services, a QMHP Psychology Associate other than the QMHP Psychology Associate who assessed and/or provided services to the alleged/founded victim of the assault should follow up.

Analysis/Reasoning:

Offender victims have the right to follow up and counseling services after they have been abused at the facility. These services are all provided to the offender victim regardless of whether the offender names their abuser or agrees to cooperate with the investigation. If an offender is sent out for a forensic medical examination, they will be required to come back to medical when they arrive at the facility. This gives the medical personnel time to review the documentation provided by the hospital and follow those recommendations. When questioned about whether the level of care offender victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the offender can expect in the community. The mental health personnel at the facility are able to provide reasonable care to those that are lower functioning.

Per a memo from the Facility Superintendent dated February 1, 2024, "There were no instances of sexual abuse where an inmate required a follow up treatment plan, emergency medical treatment or referral for continued care during the 2023/2024 audit period at Chesterfield Women's Community Corrections Alternative Program".

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed probationers, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- Operating Procedure 038.1, Reporting Serious or Unusual Incidents, November 1, 2021
- Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022
- PREA Report of Incident Review
- Interviews:
Staff

Auditor Discussion:

Operating Procedure 038.1

Incident Types for requiring a Report of Incident Review: (changed 6/1/19) a. Escapes (Report of Incident Review 038_F3) b. Serious Assaults (Report of Incident Review 038_F3) c. A sexual abuse incident review (PREA Report of Incident Review 038_F11) shall be conducted at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. (§115.86[a], §115.286[a]) Conduct of Review: (§115.86[d], §115.286[d]) a. The Review Team should consist of at least 2 DOC employees designated by the Unit Head. b. The Review Team shall consist of at least one Administrative Duty Officer who will solicit input from the PREA Compliance Manager, line supervisors, investigators, and medical or mental health practitioners for all sexual abuse and harassment incident reviews. (§115.86[c], §115.286[c]) c. The review should begin as soon as practical after the incident and a Report of Incident Review 038_F3 submitted within 7 working days of the initial Incident Report. Follow-up reports may be submitted if all information is not available within 7 working days. d. The review for sexual abuse and sexual harassment shall be conducted within 14 days of completion of the investigation on a PREA Report of Incident Review 038_F11. The PREA Compliance Manager will forward the PREA Report of Incident Review to the Regional PREA Analyst for review and approval, prior to submission to the Regional Office. (§115.86[b], §115.286[b])

Operating Procedure 038.3

a. A sexual abuse incident review will be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. (See Operating Procedure 038.1, Reporting Serious or Unusual Incidents.) (§115.86[a], §115.286[a]) i. Sexual abuse incident reviews will be conducted at the conclusion of every investigation into an allegation of sexual harassment where the allegation is determined to be substantiated ii. Sexual abuse incident reviews must be completed within 14 calendar days of completion of the investigation and will be documented on a PREA Report of Incident Review 038_F11. iii. If the PREA Report of Incident Review 038_F11 will not be completed within 14 calendar days, the PREA Compliance Manager must notify the Regional PREA

	Analyst. b. The PREA Compliance Manager will submit the completed PREA Report of Incident Review 038_F11 to the Regional Office. Prior to submission to the Regional Office, the Incident Review must be forwarded to the Regional PREA Analyst for review and approval. Analysis/Reasoning: Sexual abuse incident reviews are part of the investigation process. Once an investigation has been completed, an outcome is determined and the SIU indicates it is also completed its investigation and has an outcome, if applicable, then an incident review of the process and system is scheduled. The department has developed a form to be utilized during this review process. It contains questions with all the appropriate pieces to determine if a case was handled appropriately. If there are any problems that are identified, this committee, typically consisting for the following, will identify the problem, and figure out how to make this form work for them. 1. Superintendent 2. Investigator 3. PREA Compliance Manager 4. Medical 5. Mental Health This review is required to be held within (30) days of the conclusion of the case. Conclusion: In the past 12 months, there was one (1) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. In the past 12 months, there were one (1) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review on a formatted form. The Auditor reviewed the VADOC policies, procedures, PREA Report of Incident Review, investigative records and conducted interviews with staff and determined the facility meets the requirements of this standard.
--	--

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed

- Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022
- Agency Website
- Annual Reports
- Surveys of Sexual Violence

Auditor Discussion:

Operating Procedure 038.3

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

The Auditor reviewed the agency's 2014 and 2022 Annual Reports published on the Virginia Department of Corrections website. Each report includes data aggregated from January 1st through December 31st. The reports were easily accessible as the agency's website was simple to navigate. The agency contracts for the confinement of its probationers with the GEO Group. The GEO Group operates a private prison in Lawrenceville, VA.

A review of the agency's PREA Annual Report reveals the agency is collecting data from the Lawrenceville Correctional Center where Virginia Department of Corrections probationers are housed, although the LCC is not under the VADOC's direct super The Auditor received Bureau of Justice Surveys of Sexual Violence copies submitted by the agency from 2014 through 2022 data. The VADOC PREA Hotline Coordinator compiles the data, completes the Survey of Sexual Violence and submits the completed form to the Bureau of Justice Statistics. All surveys are submitted by the PREA Hotline Coordinator before June 30th.

The Auditor interviewed the Regional PREA/ADA Analyst concerning the collection of sexual abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents in investigative records. Data is reported to the PREA Hotline Coordinator who is responsible for maintaining and compiling the annual data. The PREA Hotline Coordinator has an office in the VADOC Headquarters Building where data is securely stored in the locked office. All data derived from the CWCCAP is securely maintained in the Investigator's locked office.

	Conclusion: The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.
--	---

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022 • Agency Website • Annual Reports • Interview: Staff Auditor Discussion: Operating Procedure 038.3 Data Review for Corrective Action 1. The DOC reviews collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by: (§115.88[a], §115.288[a]) a. Identifying problem areas b. Taking corrective action on an ongoing basis c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the DOC's progress in addressing sexual abuse. (§115.88[b], §115.288[b]) a. The report must be approved by the PREA/ADA Supervisor and the Director and made readily available to the public through the DOC Public website. (§115.88[c], §115.288[c]) b. Specific material may be redacted from the reports, when publication of the material would present a clear and specific threat to the safety and security of a facility. If material is redacted, the report must indicate the nature of the redacted material. (§115.88[d], §115.288[d]) Analysis/Reasoning: The Auditor reviewed the Virginia Department of Corrections website. The agency maintains annual reports that include its findings and corrective actions for all

	agency facilities, including a private facility for which it contracts for the confinement of VADOC probationers. The public can access the agency's reports through the "Probationers" dropdown tab and then by clicking on the "Prison Rape Elimination Act" link. Each report is accessible through the "PREA Reports Page" link. After opening this link, the public can view each annual PREA Report and/or individual facility PREA Audit Reports. The agency's website (https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/) includes annual reports published from 2014 through 2022. A review of the facility's annual reports reveals the agency attempts to discover problem area within each agency facility based on a review of data collected. The agency's annual report includes any corrective actions taken by the VADOC. The "Corrective Actions" section of the 2022 annual report included a statement for Chesterfield Women's Community Corrections Alternative Program: • There were no upgrades; however, numerous additional cameras have been requested. • PREA information and training was provided on an ongoing basis through department meetings and muster Chesterfield Women's Community Corrections Alternative Program. Conclusion: The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities, including a private facility that the agency contracts for the confinement of VADOC probationers. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the agency's website. The Auditor reviewed the agency's policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.
--	---

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed • Operating Procedure 038.3, Prison Rape Elimination Act (PREA), September 1, 2022 • Interviews: - Staff - Observations Auditor Discussion: Operating Procedure 038.3 All data collected on allegations of sexual abuse at DOC facilities must securely

	retained. (§115.89[a], §115. 289[a]) a. Aggregated sexual abuse data, from DOC facilities and contract facilities, will be made readily available to the public at least annually through the DOC Public website. (§115.89[b], §115.289[b]) b. Before making aggregated sexual abuse data publicly available, all personal identifiers must be removed. (§115.89[c], §115.289[c]) 3. All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. (§115.89[d], §115.289[d]) The Auditor conducted an interview with the PREA Compliance Manager and Regional PREA/ADA Analyst. The PCM is responsible for reporting facility data to the Regional PREA/ADA Analyst. All facility data gathered by the PCM is maintained in his locked office. All data reported to the agency's PREA Hotline Coordinator is maintained by the coordinator in an office in the VADOC Headquarters Building. Information for the agency's annual report is compiled from investigative files, Incident Reviews and other supporting reports. Agency and facility data is maintained electronically on computers that require a unique username and password to gain access to the data. The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report. The Auditor observed data collected from 2014 through 2022. There were no personal identifiers included in any agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Hotline Coordinator for a minimum of 10 years after collection. A username and password are required to gain access to the computer used by the PREA Hotline Coordinator. All investigative data used to compile the data is maintained in the Investigator's and PCM's locked offices and on their computer that require a username and password. The Auditor observed the office of the Investigator and PCM. Conclusion: The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed Previous PREA audit report Facility Tour Interactions with Staff The facility conducted this audit during the fourth year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures,

	documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12-month period. The facility allowed the Auditor to conduct formal interviews with probationers and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility. During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera placements and reviewed monitors to ensure probationers were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was allowed to correspond confidentially with the Auditor prior to the Auditor's arrival. The Auditor reviewed the agency's previous PREA audit report and observed the facility complied with all standards without the requirement of a formal corrective action period. The Auditor communicated with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance and the Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered through the Memorandums of Understanding with the VADOC. Conclusion: The Auditor concluded the Chesterfield Women's Community Corrections Alternative Program meets the requirements of this standard.
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed Previous PREA audit report Agency Website The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. The reports are easily accessible through a "drop-down" menu on the "Probationers" tab. After accessing the tab, the public can access reports through the "Prison Rape Elimination Act" hyperlink. This page includes a "PREA Reports page." Each audit report for all VADOC facilities is accessible on the page. The Chesterfield Women's Community Corrections Alternative Program was last audited in May 2021. Conclusion: The Auditor determined the agency meets the requirements of this standard

Appendix: Provision Findings		
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	yes

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

	staffing patterns?	
	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.)	no
	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.)	no
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,	yes

	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?	
	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
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	
	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
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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

	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.)	
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
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.)	yes
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).	yes

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
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).)	yes
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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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
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	yes

	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)).	
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
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.)	yes
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	yes

	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.)	
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
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
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
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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
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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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	yes

	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.)	
	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
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	yes

	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.)	
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
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
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,	yes

	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?	
	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
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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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
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	na

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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
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	yes

	condition of access to programming and other benefits?	
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
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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.)	yes
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	yes

	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.)	
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
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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
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.)	yes
	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.)	na
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	yes

	same manner as if they were communicating with legal counsel?	
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