

PREA Facility Audit Report: Final

Name of Facility: Harrisonburg Community Corrections Alternative Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/26/2025

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: Jack Fitzgerald

Date of Signature: 05/26/2025

AUDITOR INFORMATION

Auditor name: Fitzgerald, Jack

Email: jffitzgerald@snet.net

Start Date of On-Site Audit: 04/15/2025

End Date of On-Site Audit: 04/16/2025

FACILITY INFORMATION

Facility name: Harrisonburg Community Corrections Alternative Program

Facility physical address: 6624 Beard Woods Lane, Harrisonburg, Virginia - 22802

Facility mailing address:

Primary Contact

Name:	Lawrence Heiston
Email Address:	lawrence.heiston@vadoc.virginia.gov
Telephone Number:	540-833-2011

Facility Director	
Name:	Lawrence Heiston
Email Address:	lawrence.heiston@vadoc.virginia.gov
Telephone Number:	540-833-2011

Facility PREA Compliance Manager	
Name:	Kellie Woods
Email Address:	kellie.woods@vadoc.virginia.gov
Telephone Number:	540-733-3104

Facility Health Service Administrator On-Site	
Name:	Kerry Kellogg
Email Address:	kerry.kellogg@vadoc.virginia.gov
Telephone Number:	540-733-3079

Facility Characteristics	
Designed facility capacity:	126
Current population of facility:	78
Average daily population for the past 12 months:	70
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply	Male, Transgender

(Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-60
Facility security levels/resident custody levels:	Probationers
Number of staff currently employed at the facility who may have contact with residents:	44
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	53
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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
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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:

2

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring

Number of standards met:

39

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:	2025-04-15
2. End date of the onsite portion of the audit:	2025-04-16

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
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	126
15. Average daily population for the past 12 months:	80
16. Number of inmate/resident/detainee housing units:	2
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	81
19. 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:	1
20. 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
21. 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
22. 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
23. 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
24. 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:	0

25. 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:	1
26. 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
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	44
31. 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:	1

32. 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:	0
33. 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 text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
35. 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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	After identification of the targeted population, the auditor was able to use random numbers to identify individuals from each of the two housing units.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed an additional number of random probationers as the current population lacked a sufficiently targeted population.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. 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

41. 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.
42. 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
42. 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.
43. 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
43. 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.
44. 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

44. 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.
45. 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:	0
45. 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.
46. 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:	1
47. 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:	0
47. 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.

48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
49. 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
49. 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.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12

52. 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
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. 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)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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.	
64. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
65. 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

66. 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
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
68. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
69. 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 had formal and informal communication with the residents and staff and had no problems requesting to return to areas of the facility if needed. While on site, the auditor was able to test the resident reporting options, including the phone system and internal/external mail.
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.	
70. 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

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor reviewed on-site a random sample of the current population files, looking for screening, education, and referrals to medical/mental health services for those with past abuse histories. The Auditor also requested to review a sample of discharged files from the last year to ensure consistency of practice. The Auditor also looked at staff hiring and training records to ensure the required information was contained. The training records included both DOC-required training and, where appropriate, the required specialized training. The Auditor also confirmed the information and content as part of the staff, contractor, and volunteer interviews.

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.

72. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

74. 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

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

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

Sexual Harassment Investigation Outcomes

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

76. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

79. 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	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. 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)
82. 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	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. 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)

85. 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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment at this facility in the past year.
87. 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	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. 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)

90. 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. 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)
93. 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)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The one administrative investigation was determined not to be sexual abuse. The incident was determined to be a consensual contact between the probationers. The facility was determined from the investigation to be a violation of inmate conduct standards, which resulted in disciplinary actions.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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: Exceeds Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 038.3 Prison Rape Elimination Act (PREA) OP 135.2 Rules of Conduct Governing Employees' Relationships with Offenders PREA Coordinator and PREA Analyst job descriptions PREA Office regional assignments / contact information Agency-wide flow chart Memo identifying HCCAP PREA Compliance Manager HCCAP Facility Management Chart

Zero Tolerance posters/ notifications

Individuals interviewed/ observations.

Interview with PREA Coordinator

Interview with PREA Regional Analyst

Interview with PREA Compliance Manager

Interview with the Director of DOC

Interview with Superintendent

Interview with Staff

Interview with Probationers

Tour Observations

Summary determination.

Indicator (a). The Virginia Department of Correction has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. The agency's policy sets the same sexual safety expectations for a community confinement facility as it does for its maximum-security environments. The Harrisonburg Community Corrections Alternative Program is a 126-bed program for individuals on probation which is under the Department of Corrections in Virginia. Residents are eligible to go work in the community during the average 60-day stay.

Virginia DOC policy OP 038.3 Prison Rape Elimination Act (PREA) was written to address the various requirements of the standards. The 21-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 6 of the policy 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." The policy goes to describe prohibited behaviors. "The DOC prohibits any behavior of a sexual nature such as abuse, assault, harassment, misconduct between staff, contractors, volunteers, or interns and inmates or CCAP probationers/parolees, regardless of consensual status." Policy language also specifies inmate conduct and consequences when it states the following. "DOC has zero tolerance for inmate-on-inmate and CCAP probationer/parolee-on-CCAP probationer/parolee sexual harassment, assault, or abuse.

a. Sexual harassment, assault, and abuse by inmates and CCAP probationers/ parolees is prohibited and subject to disciplinary action and may, result in criminal

charges; see Operating Procedure 861.1, Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program.

b. Consensual sexual activity among inmates or CCAP probationers/parolees is prohibited. Inmates and CCAP probationers/parolees who engage in this type of activity will be subject to disciplinary action; see Operating Procedure 861.1 Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program.”

The policy sets forth the requirements of agency administrators and facility administrators to ensure PREA compliance. Several pages cover different aspects of the Virginia DOC prevention efforts. Pages 8-9 of OP 038.3 covers the detection efforts, while pages 10-12 cover responding to sexual harassment or sexual abuse issues. Policy OP 135.2 Rules of Conduct Governing Employees' Relationships with Offenders further states the Virginia DOC’s zero-tolerance position toward sexual misconduct. This policy expands the department's explanation of prohibited individuals in which staff, contractors, or volunteers may have a relationship. “Any behavior of a sexual nature between employees, contract employees, or volunteers and offenders, offender's immediate family, or a close friend of the offender is prohibited. 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.” The policy informs the reader that termination is the presumptive action for staff, volunteers or contractors who engage in sexual misconduct.

The Harrisonburg CCAP staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind probationers and staff of the Zero Tolerance expectation. Random Probationers reported they believed the staff supports a zero-tolerance environment free from sexual abuse or harassment. Interviews with residents support sexual assault is not something they concerned about.

Indicator (b). Harrisonburg Community Corrections Alternative Program is one of 41 Adult Correctional facilities run by the Virginia Department of Corrections. PREA policy OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Coordinator (pages 3) and states the Corrections Operation Manager (Previously- PREA/ADA Supervisor) will serve in this capacity. The policy establishes the PREA Coordinator’s “authority to develop, implement, and oversee DOC efforts to comply with the Prison Rape Elimination Act (PREA) National Standards in all DOC facilities.” Supporting documents show the PREA Coordinator assignment and the role within the agency organizational chart. The PREA Coordinator is supported by a staff of PREA Analysts who cover three regions and field statewide calls from the PREA hotline. Interviews with the PREA Coordinator confirm she has sufficient time and access to crucial correctional administrators, including the Director of the Department of Corrections, to influence policy and resources to ensure PREA-safe

environments in the Virginia DOC system. The PREA Analyst working for the PREA Coordinator ensures that facilities maintain compliance through regular monitoring visits and provide technical assistance and training. The PREA Regional Analyst supported the facility staff during the Audit.

Though not required in the community confinement standards, the Harrisonburg Community Corrections Alternative Program has assigned its Chief Probation staff person to serve as the PREA Compliance Manager. The Virginia OP 038.3 Prison Rape Elimination Act (PREA) defines the role of the PREA Compliance Manager. The policy requires the Superintendent to assign an individual to coordinate the facility's efforts to comply with PREA. The Policy states the responsibility within the facility to coordinate the facility's efforts to prevent, detect, and respond to allegations of sexual misconduct. The Auditor was provided a facility organizational chart showing the leadership role of the PREA Compliance Manager in HCCAP leadership. Supporting documentation also includes a memo from the state's original PREA Coordinator defining the roles and expectations of a PREA Compliance Manager. An interview with the PCM who took over the role supports an understanding of her responsibilities in ensuring continued compliance with the standards. She was able to describe how she would address concerns that may impact compliance, and her role allows her direct access to the Superintendent. The Auditor was able to recognize that a cooperative relationship exists between the facility and the PREA Office staff.

Compliance Determination:

The Virginia Department of Corrections has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. The policy OP 038.3 Prison Rape Elimination Act (PREA) and OP 135.2 Rules of Conduct Governing Employees Relationships with Offenders define the Zero Tolerance expectation. The policies define the roles of the state PREA Coordinator and the facility PREA Compliance Manager as well as prohibited behaviors for all staff, volunteers, contractors, and Probationers. Interviews with the Agency PREA Coordinator and facility PREA Compliance Manager confirm their roles in maintaining PREA compliance. Both individuals believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support Probationer safety. Interviews with the Director of the Department of Corrections and the HCCAP Superintendent support compliance with all standard expectations. Policies reviewed by the Auditor describe in-depth the agency's expectation to protect, detect, and respond to sexual misconduct and clearly define the role of the state PREA Coordinator. The facility has a safe environment where Probationers who have supported violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained complement who is aware of their duties in promoting a sexually safe environment.

The Auditor feels the existence of the PREA Office, with three Regional Analysts supporting the state PREA Coordinator, shows a strong commitment to ensuring

	support is provided across the agency’s 41 facilities. Observation of the facility and PREA Office staff supports a cooperative and familiar relationship. These reasons, with a well-defined policy and probationer, describe a safe environment that supports the determination that the standard has been exceeded.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 038.3 Prison Rape Elimination Act (PREA) OP 260.1 Procurement of Goods VA DOC Website VA Contract with the GEO Group GEO Group Website PREA reports for Lawrenceville Announcement of the return of Lawrenceville to VADOC Monthly and Quarterly Monitoring of Lawrenceville during the GEO Contract Individuals interviewed/ observations. Interview with PREA Coordinator (PC) Interview with Contract oversight staff Summary Determination Indicator a) The pre-audit report indicated the Department of Corrections had one contracted facility in the past three years. The Auditor was provided documentation of the 1500-bed contracted facility in Lawrenceville, Virginia. The Virginia Department of Corrections addresses the requirements of this indicator in two policies. The agency's PREA policy OP 038.3- PREA states, “contract for the

confinement of DOC Inmates must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards." Policy OP 260.1- Procurement of Goods states, "All contracts for the confinement of DOC Inmates must include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.". It defines the guidelines for emergency contracting of a facility that is not compliant with PREA. "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed will the DOC enter into a contract with any entity that fails to comply with these standards. In such a case, all unsuccessful attempts to find an entity in compliance with standards must be documented." The Auditor was provided with several documents, including contracts with the GEO Group and annual renewals of the contract. The Lawrenceville facility was turned over to the Department of Correction on August 1, 2024. The Element will be marked as Not Applicable, given that the facility was no longer under contract in the current audit year (8-20-24 to 8-19-25)

Indicator b) The Auditor found language in the two policies mentioned in indicator a). The policies state, "Any new contract or contract renewal must provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards." The Auditor learned from the GEO website and documents provided that the facility in Lawrenceville has been under contract since 2003. The Auditor also reviewed The Virginia Department of Corrections website, which shows the facility in Lawrenceville has undergone three PREA audits (2016, 2019, 2022). The most recent PREA Audit of Lawrenceville Correctional Center occurred in August of 2022. At the time, the Virginia Department of Corrections had a Private Prison Liaison who routinely monitored the prison, and the inmates could report concerns to the PREA Office through the same process as other VADOC facilities. Memos and documentation support that monitoring had occurred before the facility was turned over to the DOC.

Indicator c) As noted in indicator a), the Virginia DOC policy clearly defines the emergency circumstances under which they could use a facility that is not compliant with PREA standards. At no time has the Virginia DOC entered into such agreements. A memo from the Director of the Virginia DOC confirmed there are no private contracts for housing inmates/ probationers.

Compliance Determination:

The Auditor reviewed agency policies, contracts, and contract renewals with the GEO Group. Agency contracts and renewals for the confinement of VA DOC Inmates included this standard's requirements and required agency personnel monitoring. The Auditor determined that the Virginia Department of Corrections was meeting the requirements of this standard based on the documents reviewed in the OAS and on the GEO Group and Virginia DOC websites. As noted, the elements have been

	marked as not applicable as the facility is under the control of the Virginia Department of Corrections in the current audit year.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 401.1 the Development and Maintenance of Post Orders OP 401.2 Security Staffing Staff Duty Rosters Staffing plans/ Annual Review Camera positions Duty Post audit report Logs and Video of Supervisor Tours Individuals interviewed/ observations. Interview with PREA Coordinator Interview with PREA Compliance Manager Interview with Superintendent. Interview with Staff Interviews with Probationers Summary Determination Indicator a). The Virginia Department of Corrections policy 401.2 Security Staffing covers the language of this indicator. The policy uses the standard’s language to describe the requirements of the development and ongoing reviews of staffing needs at Virginia’s Department of Corrections facilities. The policy language includes the 11 elements listed in indicator a). “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])"

The Harrisonburg Community Corrections Alternative Program has provided a copy of the facility's current staffing plan for 2024. The facility has provided documents in a binder about the facility, including the narrative, information about the facility, camera locations, programs and post assignments. The community confinement facility has 21 cameras covering much of the interior spaces of the facility. The facility does have an exterior recreation area and acres used by the facility to graze cows. The cameras are monitored at the entrance to the building that houses inmates. The facility has main buildings inside a secure perimeter with small mechanical outbuildings or storage for food services. The administrative building is outside the secure fence, as are some outbuildings for the farm. As a community confinement facility, many go into the community to work, and residents were able to walk over to the administrative building for interviews. The Superintendent and the Major discussed with the auditor about areas where camera coverage would be beneficial to the safety of all.

The facility is not under any legal judgment or has not been sighted by any state or federal oversight body. The facility also has not had a PREA allegation in the past year. The Auditor confirmed this with the Superintendent and reviewed the information provided in the American Correctional Association's April 2024 audit report. The ACA auditors found the facility to be in compliance with national

standards on staffing. The Auditor also completed a web search for information about the facility. The staffing plan was developed on the maximum population of 126 probationers instead of the current or past year averages of less than 80. The report shows also the individuals involved in the review and the communication from the state's PREA Office. The facility also provided information on it's efforts to fill vacant positions.

Indicator b). This indicator is NA. An interview with the superintendent confirms that the Harrisonburg Community Corrections Alternative Program has not gone under its approved minimal staffing in the past year. The facility can 'draft' overtime work from either voluntary or mandated staff to reach institutional minimums. There is a daily log for each shift documenting when staff call out and who is replacing them. The facility leadership would be notified of any emergency where minimums would not be met. The facility provided information on why the schedule may be adjusted, including for time off, injuries, and training. Inmates spoke with support and said that line staff and supervisors are readily available.

Indicator c). The PREA Office completed the 2024 annual review of the staffing plan with the Superintendent. The report included information on staffing needs, adjustments made to the staffing plan, and identified areas for monitoring technology to improve institutional safety. The report is reviewed, and recommendations can be forwarded to the regional office. The Superintendent was aware of the process, and the state PREA Coordinator and PREA Regional Analyst also signed a document supporting their review report. The Auditor confirmed with the Superintendent and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for the allocation of resources or funds. The Superintendent confirms he regularly discusses staffing needs with his leadership team to ensure they are meeting any safety concerns, including sexual safety in the environment. The facility had two new staff training sessions during the site visit. The Superintendent describes how he has made adjustments over the years to deal with staffing issues. The facility requires that supervisory staff, Sergeants, and Lieutenants make random, unannounced rounds on all shifts. These rounds are recorded in unit logs and the PREA logs that are common in Virginia DOC correctional centers. The auditor was provided with log books and video evidence to support that these were occurring.

Compliance Determination:

The Auditor concluded the facility has adequate staffing to protect probationers from sexual abuse. This was determined through observation and discussions with the probationer population. The Auditor reviewed VA DOC policies that applied, the facility's Staffing Plan, Duty Rosters, and the annual staffing plan review. The Auditor confirmed practice through observations on tour and interviews conducted with staff and Probationers. The Auditor's interviews with the Superintendent, PREA

	Compliance Manager, and PREA Regional Analyst confirmed that a process is in place to communicate when an identified need is recognized. Staffing, video, and other potential risks are reportedly part of the Superintendent’s regular assessment of his facility. He describes this activity as an ongoing process instead of an annual review. Discussions with the staff, residents, and facility leadership confirmed that unannounced facility rounds are completed, though not required in the community confinement standard. Compliance is based on the reviewed documentation and interviews with facility leadership and the PREA Office staff. The additional practice of unannounced rounds by supervisors and the residents' support allows them to ask to speak to them with any concern, which supports a determination of exceeds.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 401.1 Development and Maintenance of Post Orders OP 401.2 Security Staffing OP 445.4 Screening and Searches of Persons OP 720.2 Medical Screening, Classification & Levels of Care OP 801.1 Facility Physical Plant and Sanitation Search Training Materials Logbooks on cross-gender announcements Memo on cross-gender searches and searches of transgender probationers Staff in-service training on searches Individuals interviewed/ observations. Interview with Superintendent Interview with Random Staff Interview with Random Probationers Observation of logs on-site

Summary Determination

Indicator a). Harrisonburg Community Corrections Alternative Program does not routinely perform cross-gender strip or body cavity searches. The facility reported no cases in the past year. Policy 445.4, the agency's search policy, sets forth the requirements for body cavity searches and cross-gender strip searches, including language supporting the client's gender identity for transgender and intersex probationers. The policy states, "Two DOC employees, both of whom are the same gender as documented on the individual's Consent for Strip Search, will accompany the probationer or CCAP probationer/parolee into an appropriate area where privacy can be ensured. No person of the opposite gender can be present or witness the strip search."

The agency policy requires that the Superintendent and the Regional Director be notified if a probationer is believed to be concealing contraband. Any contact with the probationer's body cavity is only to be completed by a medical professional. The policy requires a security person to be the same gender as the probationer. The policy goes on to state that if the offender is transgender or intersex, the gender of the security staff person will be consistent with the individual's approved Strip Search Deviation Request. "A medical practitioner only will conduct the body cavity search and inspection in private. The medical practitioner conducting the body cavity search may or may not be the same gender as the Probationer being searched. At least one DOC employee of the same gender as the Probationer being searched or of the gender indicated on an approved Strip Search Deviation Request must be present at all times." The facility reports there were no incidents of cross-gender body cavity searches. The Superintendent, Major, and PREA Compliance Manager report that all body cavity searches would be documented, including the individual present and the justification for such actions. Policy OP 445.4 also references the required elements of the mandated incident report consistent with the stated expectations. A memo was provided stating no cross-gender strip or body cavity searches had occurred at HCCAP. Probationers who were interviewed denied ever being naked in front of opposite-gender staff.

Indicator b). The Harrisonburg Community Corrections Alternative Program does not house female probationers.

Indicator c). As noted above, there are no females at HCCAP and no reported emergencies requiring a cross-gender strip search of a male probationer. The DOC policy allows female staff to complete pat searches of male probationers, but strip searches of male probationers by female staff should only occur in exigent circumstances. Virginia DOC policy OP 445.4 covers the language of this indicator. "Male or Female Corrections Officers will frisk search male inmates and CCAP probationers/parolees." "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.” In sections on frisk search, strip search, and body cavity searches, the policy states that all cross-gender searches will be documented in an incident report consistent with OP 038.1 Reporting Serious or Unusual Incidents. Before the opposite gender strip search is conducted, the Shift Commander must approve the reason and notify the on-call duty Officer and the Regional PREA Analyst. The facility reports no such occasions have occurred. The one transgender-identified individual in the population did not request any search deviation.

Indicator d). Virginia Department of Corrections policy OP 801.1 addresses the indicator when it states, “Facility procedures and practices shall enable offenders to shower, perform bodily functions, and change clothing without a 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.” Policy OP 401.2 describes, as part of the housing unit supervision, the same description as stated above, as well as a requirement of opposite gender staff announcements. “Staff of the opposite gender must announce their presence when entering an offender housing unit and must document these announcements in the logbook.” The auditor confirmed through random interviews with staff and probationers the practice of making cross-gender announcements. The auditor was provided with logbook entries showing the announcements that had been made and documented. The Auditor also reviewed the logbooks at the two staff desk positions in the facility (between the housing units and on the lower level of the housing building.) During the tour and subsequent movement, the Auditor heard staff announcements about females entering areas. The facility has small bathrooms in the housing units with toilets and sinks and privacy surround. There is a large toilet/washroom and a separate gang shower area on the lower level. These areas are enclosed, protecting probationers from incidental viewing by female staff. The probationers did not report concerns about female staff seeing them toileting. The facility added additional curtains in the housing unit bathroom to support the privacy of the transgender resident.

Indicator (e) Two Virginia DOC policies address the requirements of this indicator. OP 720.2 and OP 445.4 require that Transgender individuals will not be strip-searched to determine their genital status. The policy requires that, if unknown, the determination is made through interviews with the probationer or as part of a physical exam conducted by a medical practitioner. “If a transgender or intersex offender’s genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if, necessary, by

	learning this information as part of a broader medical examination conducted in private”. Random staff interviews confirm that the training on searches included using the back or edge of the hand when completing a cross-gender pat search. They were able to describe the search process, including respectful communication and awareness of potential trauma histories. Transgender probationers can reportedly shower during counts. All admissions to HCCAP are planned as such; they would likely know in advance if an individual was transgender. The facility reports having two transgender or intersex individuals in the past year. The one transgender individual in the population during the site visit did not believe they were strip-searched to determine genital status. Indicator (f) All staff interviewed report they have received training on searches, including how to complete pat searches of transgender or intersex individuals. The staff knew that a committee would review the Probationer's request for the gender staff so that they would feel more comfortable. The facility provided training records and a curriculum that describes the search process. The staff knew to use the back or blade of the hand and communicate with the individuals to explain what would happen next. The staff were aware that some Probationers may have past trauma from physical or sexual abuse, making them hypervigilant. Agency training policy OP 350.2 Training and development addresses this indicator as a requirement for all custody staff. “Cross-gender frisk searches and searches of transgender and intersex Probationer /parolees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.” Compliance Determination: The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross-gender searches, respectful searches of transgender individuals, and make opposite-gender announcements when entering offender living units. The probationer confirmed the ability to shower, change clothing, and use the restroom without a nonmedical staff of the opposite gender seeing them. The Auditor reviewed the agency’s policies, procedures, and training documents. During the tour, the Auditor made observations and interviewed staff and probationers to determine compliance with this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy – 038.3 Prison Rape Elimination Act (PREA)

Offender training acknowledgment forms (English, Spanish)

PREA Brochure (English and Spanish)

Interpretive Service Contracts (Homeland, Propio, and Purple)

Comprehensive Education Video

PREA Acknowledgement Forms in English and Spanish

PREA Posting in the facility in multiple languages

ADA-trained staff.

Individuals interviewed/ observations made.

Probationer education acknowledgment

Interviews with Staff

Interviews with Offenders

Observations of PREA Information posted

Summary Determination

Indicator a). Harrisonburg Community Corrections Alternative Program has services in place to ensure disabled, and Limited English Proficient Probationers have the appropriate understanding and access to services described in this standard. Individuals with significant disabilities or language barriers might not be referred to the program, as it is a work program. The facility was unable to identify individuals with significant physical, hearing, or vision impairments. There were no individuals with intellectual, psychiatric, or reading impairments. Policy OP 038.3, the PREA policy, defines disabled and limited English proficiency in the same language as the standard. The policy ensures equal access to the facility's efforts to protect, detect, and respond to sexual abuse and sexual harassment incidents. The policy acknowledges the protections afforded under the Americans with Disabilities Act. All employees are informed of the at-risk populations described in this standard. The Director of the Department of Corrections spoke on the expectations of providing full access and protection to these at-risk populations. The PREA Coordinator also oversees the agency's efforts to ensure compliance with ADA regulations. The facility did not have any targeted individuals who were LEP or disabled in the

population on the days of the audit or in the past year. None of the individuals needed aids to comprehend information. The nature of the HCCAP being a work program may impact some individuals' ability to participate in the program. The facility has staff trained on ADA and would let the PREA and ADA regional analysts know of any barriers to comprehension of program expectations, including the facility's Zero-Tolerance stance toward sexual abuse or sexual harassment. The Auditor was provided a Spanish version of the resident handbook. The intake staff confirmed they asked individuals about their ability to read, and the auditor discussed the importance of offering bilingual individuals written materials in the language they are more comfortable reading. There were no individuals in the population identified as LEP, and the Auditor found only one Hispanic probationer to interview who confirmed English is his primary language. It should also be noted that the women's prison reportedly makes braille handbooks for those who are blind in the Virginia DOC institutions.

Indicator b). Virginia DOC policy OP 038.3 states, "Facility staff must take reasonable steps to ensure offenders who are limited English proficient are afforded meaningful access to all aspects of the DOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." The facility provided contracts with Homeland Language Services that can provide interpretive services in over 100 languages, including ASL. The Auditor was also provided a secondary contract with Purple to support Probationers who use American Sign Language as well as historical contracts to support services that have been in place throughout the entire period since the last audit. The Auditor reviewed the documents to ensure they were current, and the facility provided records supporting the contracts that predated the previous audit cycle. The Auditor did not use the interpretive services as no individual was Limited English Proficient or used American Sign Language to communicate. The Auditor has previously used the same services at other Virginia DOC facilities this year. The Auditor reviewed the housing list for Hispanic and Asian surnames when determining the individuals to interview. The Auditor also spoke with the PREA Compliance Manager about how they would handle these situations if they were to arise. The PCM confirmed that these interviews would be completed in a private space away from others, as they would use video or audio interpretation. Staff members interviewed were aware that there are interpretive services available if needed. The auditor saw appropriate signage in the facility in Spanish, the most common language other than English spoken in the program. The Auditor also confirmed that video education is available in Spanish and that the forms probationers sign are also available in Spanish.

Indicator c). Random staff interviewed knew using one Probationer to interpret for another was inappropriate. Staff knew it should only be done in the most extreme situations. The agency PREA policy (OP 038.3 (page 7) states, "Facility staff cannot

	rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under, or the investigation of the offender's allegations. Video Remote Interpreting (VRI) should be utilized to effectively communicate with deaf offenders when American Sign Language interpreters are not available on-site." There have been no incidents in which a probationer interpreter has been used to address any PREA-related concern in this Audit cycle. There have also been no admissions of any Limited English Proficient probationers to HCCAP in the past year. Compliance Determination: The State PREA Coordinator is also a Supervisor of the ADA compliance unit, which further ensures that PREA education and access to services for protected populations occur. The Auditor was able to see the documentation in English and Spanish, the two most common languages in the Virginia DOC population. The Auditor also confirmed the use of Just Detention International's video "PREA What you need to know," which is used as part of Probationer education and is available in multiple languages. The Auditor was informed that there were no occasions when interpretive services were needed. The facility has documents available in Spanish if a bilingual probationer can read better in one language than the other. The Auditor also confirmed individuals with disabilities' ability to receive support if they did not understand PREA or the agency's efforts. Probationers' support staff are available to assist individuals who have hearing, emotional, or comprehension disabilities, in addition to those with language barriers. The policy provided, the contracts in place, and the staff and probationers' knowledge of accessing services all support a compliance determination. The Auditor also considered that the PREA Coordinator oversees the agency's ADA efforts, which is a favorable consideration.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy OP 102.2 Recruitment, Selection, and Appointment Policy OP 102.3 Background Investigation Program Policy OP 102.7 Employment Records Policy OP 135.1 Standards of Conduct

Policy OP 145.2 Employee Performance Management

Policy OP 260.1 Procurement of Goods and Services

Employee, contractor, and volunteer records

Chart of Criminal Checks for all employees (5-year checks)

Individuals interviewed/ observations made.

Interview with Human Resource Staff

Interview with Agency PREA Coordinator

Interview with Superintendent

Summary Determination

Indicator (a). The Virginia Department of Corrections currently uses an online process for prospective applicants to apply for jobs in the DOC. In policy and in the application process, the agency prohibits hiring individuals with histories of engaging in items listed in this indicator. Virginia DOC policy OP 102.2 Recruitment Selection and Appointment (page 5) addresses this indicator's requirements in the section on employee eligibility. The Policy strictly prohibits the employment or contracting of the services of individuals who have engaged in, have been convicted of engaging in or attempting to engage in, or have administratively been adjudicated for sexual assault. The policy states under eligibility,

"Eligibility

1. The DOC will not hire or promote anyone for a position that may have contact with Probationers, probationers, or parolees who has been:

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."

Agency policy OP 260.1 Procurement of Goods and Services utilizes the same language requirements for contracted employees. Interviews with HR staff support the process of screening all applicants for employment at the Harrisonburg

Community Corrections Alternative Program, including contracted employees. Any approved volunteer undergoes the same screening process and the same acknowledgment form. The employee application process requires potential candidates to confirm that they have not engaged in any form of sexual misconduct described above. The auditor confirmed the questions were asked at the time of hire and during promotional periods. In determining compliance, the Auditor reviewed 14 files of the 44 staff, including 3 individuals hired in the last year. The Virginia DOC has had the PREA questions as part of the employment applications since 2014. Employees sign the PREA acknowledgment questions as part of annual reviews. The Auditor was able to see in the HR files reviewed where the questions were asked of employees hired before that date in their annual reviews. HCCAP Records are maintained on-site in a working file with the regional office, which completes the pre-employment background checks and has an official record. Criminal records are not allowed to be maintained in the files, so documentation includes forms sent to the regional office and the responding documentation confirming they are appropriate to hire. The Superintendent will receive information if the individual has a past record that does not preclude employment before an offer is made.

Indicator (b). The Virginia Department of Corrections policy prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Virginia DOC performs criminal background checks on these individuals. Policy 260.1 sets forth language on ensuring sexual harassment in addition to criminal charges, are considered before hiring a contractor or staff. "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." The Human Resources staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Superintendent's attention before any offer of a position in the institution. The agency's regional office completes the actual criminal checks and sends notices back to the facility if a concern arises. The DOC prescreening process for its employees seeks information on criminal offenses, and the agency does contact former employers for other behaviors that might have caused discipline. Similarly, DOC employees who had prior concerns in other facilities would be flagged for past behaviors before a transfer would be approved. Harrisonburg Community Corrections Alternative Program has 1 contracted staff member who has provided direct services to the probationers in the past year as part of a statewide contract for multiple facilities. The facility also tracks vendors who come on-site and provides information to them on the resident's rights to be free from sexual abuse or harassment, even if they have little to no interaction with probationers.

Indicator (c). The Virginia Department of Corrections completes criminal background checks on all employees. The Agency policy OP102.3 Background Investigation Program covers the requirements of this standard. Policy language describes

elements in the process. "Facility employees may perform limited background investigations for non-sensitive volunteers in a facility with a copy of the completed Application for Volunteer/Intern Services 027_F2 forwarded to the BIU Supervisor for recording and retention.

1. The following documents should be attached:

a. Authority for Release of Information 102_F7

b. A copy of the applicant's Driver's License or other government-issued photo identification

c. Fingerprint Cards, if applicable, or provide Live Scan TCN number

d. The BIU must perform a full background investigation for volunteers in sensitive positions the following documents to BIU:

i. Application for Volunteer/Intern Services 027_F2

ii. Background Investigation Questionnaire 102_F2

iii. Request for Background Investigation 102_F6

iv. Authority for Release of Information 102_F7

v. A copy of the applicant's Driver's License or other government-issued photo identification

vi. A Copy of the applicant's License or Certification, if applicable

vii. Live Scan TCN number, if applicable, or provide two completed inked Fingerprint Cards.

e. The Organizational Unit Head may grant preliminary approval, based on preliminary reports, for volunteers to serve in sensitive positions pending completion of the full background investigation."

In discussions with the Human Resources staff and the Agency PREA Coordinator, these are consistently done both as pre-employment and at the required 5-year intervals in indicator (e). The check includes a criminal background check and prior institutional checks. Virginia law does not allow the record to be maintained as part of the employee's file and requires the document to reportedly be destroyed after use. The Human Resources staff confirmed the process and was able to show the Auditor how it was completed. Applications of potential candidates are forwarded to the DOC regional office which has the agency's background unit. The staff has a system for tracking individuals who are due the 5-year checks. The Auditor, Superintendent, and the Human Resources staff person discussed elements that are required to be maintained and the documentation currently in place. The facility has a log of when the checks occurred and when they are due for their next review.

Indicator (d). Harrisonburg Community Corrections Alternative Program as stated in Indicator (a), completes criminal background checks on all contracted employees and any approved volunteers. Interviews with contracted staff and volunteer support showed that they were required to pass a background check before being allowed into the facility. Contracted employees with routine contact with Probationers go through the same process as full-time employees. HCCAP has only one such contractor. The policy allows for other screening of non-sensitive persons at the facility level. "Facility employees may perform limited background investigations for non-sensitive temporary position contractors in a facility with the appropriate sections of the Confidential Summary Background Investigation Report 102_F10 completed and forwarded to the BIU Supervisor for recording and retention." HCCAP provided records of approved non-employees who were allowed to enter the facility and perform tasks under staff supervision. The records include documentation of the VCIN screening and education acknowledgment forms. As noted, the vast majority of the contractors do not have any contact with probationers and do not provide them with services.

Indicator (e). Discussions with the human resources staff support the idea that staff have criminal background checks at the time of hire and at least every five years after that. As noted in indicator c), Virginia does not allow criminal record checks (VCIN) to be maintained in its human resources file. The policy states, "The Human Resource Officer shall document in the Access Employee Database that the criminal records check (VCIN) was conducted." The Human Resources staff confirmed the process is done and that if new charges were found, steps would be taken to notify the Superintendent. The Auditor reviewed a spreadsheet supporting the process is completed. The Auditor also spoke with the PREA Coordinator on options to further support compliance.

Indicator (f). As noted in Indicator (a), all Harrisonburg Community Corrections Alternative Program employees are asked to complete the Employee Application, which includes questions required in Indicator a). After hiring, the employees also complete a form titled PREA Mandatory Sexual Misconduct Disclosure. Staff are asked the aforementioned questions and are held with a continuing responsibility to disclose such misconduct. The form states, "All answers and statements are true and complete to the best of my knowledge. By signing this form, I am acknowledging that the information provided above is accurate and complete and that I have a continuing affirmative duty to disclose any such misconduct." The Virginia DOC had all existing employees complete the form.

Indicator (g). Policy OP 135.1 Standard of Conduct states, "Material omissions regarding convictions or charges of sexual abuse or sexual harassment in an institutional setting, sexual activity by force or coercion (or if the victim could not or did not consent), civil or administrative adjudication for sexual activity by force shall

	be grounds for termination.” Contained also in the PREA Employee Questionnaire is the following passage: “any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination.” The PREA Mandatory Sexual Misconduct Form and the employment applications reviewed in staff files confirm the process is routinely done. Indicator (h). With proper release of information, the Virginia DOC allows the agency to disclose any PREA-related concerns to other institutions. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, The Auditor was provided with three recent examples of the request made or received and the facility’s response. The letters to the requesting facility are signed by the facility PREA Compliance Manager. The Human Resource staff member understood the importance of attempting to obtain information from previous institutional employers. Compliance Determination: The Virginia Department of Corrections has a policy in place to address the standard's requirements, including the completion of background checks and pre-employment screening that supports the agency’s efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the HCCAP, that oversees the hiring for HCCAP. The agency has all staff and contractors undergo criminal background checks. The Human Resource staff reports she works closely with the regional HR Supervisor and facility management to maintain the line of communication. The Virginia DOC has implemented forms in policy to document staff understanding of the requirements related to the various indicators in this standard. The facility provided examples in advance, and the auditor reviewed additional randomized examples of employee records. The Virginia DOC has several policies that utilize the standard language to address the requirements. Interviews with Human Resource staff and the PREA Coordinator further confirmed the process to ensure individuals who have engaged in sexual misconduct are not employed at Harrisonburg Community Corrections Alternative Program. The agency will share information about former employees if that facility requests it. As outlined above, the Auditor used several factors to determine compliance.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

OP 801.1 Facility Physical Plant and Sanitation

Memo from Superintendent

Camera Locations

Individuals interviewed/ observations made.

Interview with PREA Compliance Manager

Interview with Superintendent

Observations on the Tour of potential blind/risk spots

Summary Determination

Indicator a). Harrisonburg has not undergone an expansion or renovations that would have impacted probationer safety. The Auditor confirmed with the Superintendent and the PREA Compliance that no major changes/ renovations have occurred at HCCAP. Virginia DOC policy addresses the concerns of this Indicator in policy OP 801.1, which states, “ The effect of the facility’s design, acquisition, expansion, or modification on the facility’s ability to protect the offender from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility.”

Indicator b). The HCCAP has added one camera in the past three years in the medical office area. The Major also reported that the recording system was upgraded earlier this year. OP 801.1 states, “For new installations or updates to existing video monitoring systems, electronic surveillance systems, or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect offenders from sexual abuse.” The facility has cameras to cover the majority of the interior complex. The facility also has numerous mirrors that assist staff in monitoring areas where a direct line of sight is not always possible. The Auditor discussed on tour some potential concerning areas where additional monitoring could be beneficial. The facility has limited incidents of aggression of any type. The educational areas have large windows that allow individuals to see into classrooms, but we discussed how this area and some of the exterior areas could benefit from additional camera coverage.

	Compliance Determination: Agency policy 801.1 supports the Virginia Department of Corrections has systems to consider probationer sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. The interviews supported that there are strong avenues of communication between the facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns. The Auditor finds the standard has been met, given that the DOC has a policy in place. The facility and agency leadership have avenues in place to communicate about needs that could impact safety.. Indicator a) was not applicable as there were currently no reported changes in the past three years. Indicator b) shows the facility invested in cameras in the medical area to improve safety. Compliance is based on policy, observation on the tour, and the facility and agency leadership's understanding on the need to assess any changes.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy – 030.1 Evidence Collection and Preservation Policy – 030.4 Special Investigations Unit Policy – 038.3 PREA Policy – 720.7 Emergency Medical Equipment and Care Policy – 730.2 MHS Screening Assessment and Classification Virginia Department of Criminal Justice Services Website Virginia Statute 53-10 Power and Duties of DOC Director Virginia listing of SAFE/SANE training programs. MOU with Action Alliance VA DOJ- SART A Model Protocol for Virginia National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents

Individuals interviewed/ observations made.

Interview with PREA Compliance Manager

Interview with Random staff

Interview with SANE/SAFE (Sentara RMH Medical Center)

Interviews with Investigative staff

Interview with Rape Crisis agency staff (Action Alliance, Collins Center)

Summary Determination

Indicator a). The Director of the Virginia Department of Corrections is given the authority in statute to employ an investigative unit with full police powers. The agency will complete both criminal and administrative investigations. The law described the Director's ability as follows. "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." Virginia DOC has several policies in place for its Special Investigations Units (SIU) to follow to ensure a thorough investigation occurs. The agency policy, 030.4 Special Investigation Unit, sets forth in the 22-page document that investigations will be completed using a uniform practice. Pages 12-13 specifically address the Prison Rape Elimination Act. ". "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.

B. When the Organizational Unit Head receives notification from another facility that an inmate or CAP probationer/parolee was sexually abused while confined at that facility, they will ensure that the allegation is investigated in accordance with the PREA Standards

C. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be immediately reported to the facility-designated investigator who will conduct an initial investigation and will immediately notify the PREA Analyst of the allegation.

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."

The policy goes on to state that the investigation will be completed using a uniform practice.

“G. Evidence Protocol and Forensic Medical Examinations

1. SIU has an established uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

2. The established protocol is developmentally appropriate for youth and is based on or similar to other comprehensive and authoritative protocols developed after 2011.”

Virginia DOC Policy 030.1 Evidence Collection and Preservation further defines steps to be taken by investigators to protect evidence, chain of command, and crime scene integrity. This policy also addresses video evidence and storage. An interview with an SIU Investigator confirms the training provided, so all DOC investigators ensure a consistent approach to increase the likelihood of obtaining physical evidence. Random staff at HCCAP were able to describe the steps to protect evidence until it can be properly obtained by the investigator or a SANE in a first responder situation.

Indicator b). The Special Investigation Unit policy also addresses the requirement of this indicator. The Auditor confirmed with the Investigator, the nurse in charge of Sexual Assault Examinations at the hospital on the protocol used for Sexual Assault Examinations. The SIU Investigator would not collect evidence as part of the forensic exam but is trained in working with victims of abuse and preserving crime scene evidence. The hospital staff confirmed that SANE nurses are trained to use protocols approved by the state and consistent with the national protocol developed by the Department of Justice. The Auditor reviewed with the SANE nurse the training requirements each individual must complete before they are allowed to solo on completing a perk kit. The Virginia state website has a listing of all hospitals with SAFE/Sane training programs. The Harrisonburg area hospital called Sentara RMH Medical Center is listed as a training site for SANE Nurses. The hospital is located just 14 miles from the HCCAP facility.

Indicator c). All victims of sexual abuse at Harrisonburg Community Corrections Alternative Program would be taken to the Sentara RMH Medical Center facility in Harrisonburg, VA. An interview with hospital staff confirmed that the staff includes trained nurses in completing forensic examinations of sexual abuse victims. It was confirmed, consistent with DOC policy 720.7 Emergency Medical Equipment and Care (page 9), that “there will be no financial cost to the victim-offender for this examination.” The Auditor also reviewed the Virginia Victims Fund’s website, which states it will cover the victim's costs.

"The SAFE Payment Program will pay for:

? Emergency Room Physician fees

? Hospital and forensic examiner fees

? Testing for sexually transmitted infections (STI) and pregnancy

? Medications to prevent STIs and pregnancy

? Ambulance ride to a hospital for evidence collection²

? Full course of HIV preventative medication if warranted

? Follow-up medical care while taking HIV preventative medication

? Follow-up medical forensic examinations."

Indicator d). Harrisonburg Community Corrections Alternative Program has access to rape crisis agency staff through a Memorandum of Understanding with Action Alliance. The Virginia Department of Corrections has had an ongoing relationship dating back to 2014 with Action Alliance. Action Alliance is the umbrella organization for state domestic and sexual abuse agencies. The Auditor was provided the original agreement and all subsequent renewals for services. In interviews with Action Alliance staff, the Auditor was able to confirm the relationship between the agencies. The facility has had no sexual assault incidents or requests by inmates with past histories to access the support of an RCC. The Auditor also reached out to the local Rape Crisis Center (Collins Center) to see if they received any requests for providing emotional support for any HCCAP probationer or had concerns about past complaints of sexual violence at the facility. The staff reported no concerns and said that they are currently not working with any of the residents. Agency PREA policy 038.3 states, "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."

Indicator e). Harrisonburg Community Corrections Alternative Program has two policies addressing this indicator's requirements 038.3 PREA (page 13) and 730.2 MHS Screening and Assessment (page 8). Interviews with SANE nurses, the Action Alliance representative, and the facility's PREA Compliance Manager confirm the ability to support the probationer during an exam or a criminal investigation interview or provide ongoing support to victims. The interview with the Investigator confirms that a rape crisis support advocate is routinely offered to probationers. The Auditor also found the description of services in the MOU between VA-DOC and Action Alliance confirming supporting Probationers at forensic exams or

	investigative interviews. The representative of Action Alliance confirmed that supportive counseling would include a referral if the probationer was leaving HCCAP to move to another part of the state. The state's Criminal Justice Division also has a publication, Sexual Assault Response Teams: A Protocol for Virginia, which supports the importance of advocates during the forensic exam and investigatory interviews as well as an ongoing resource for support. The Auditor encouraged the PCM to learn more about these meetings. Indicator f). The indicator is NA. Virginia Department of Corrections has trained individuals in their Special Investigations Unit (SIU) who would be responsible for completing criminal and administrative investigations. Indicator g). The Auditor is not required to audit this provision. Indicator h). The indicator is NA. The Virginia Department of Corrections has entered into an MOU with Action Alliance to provide support to victims of sexual misconduct at the Harrisonburg Community Corrections Alternative Program. The Auditor also spoke with the Collins Center, a local RCC, confirming they would be available if the probationer or Action Alliance requested. Compliance Determination: The Auditor finds that the standard is compliant. The facility allows probationers access to victim advocates from a rape crisis center through a current MOU with Action Alliance. The facility provides Probationer victims access to a Sexual Assault Nurse Examiner at no cost at the hospital. The Auditor reviewed the agency's policies and procedures and Memorandum of Understanding and talked with the hospital, rape crisis agency, facility investigator, and a member of Virginia's SIU to determine compliance. Absent a sexual assault, the above factors were the basis for determining compliance, along with information from various websites.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy – 030.4 Special Investigation Unit

Policy – 038.3 Prison Rape Elimination Act (PREA)

Agency Website

Investigation Matrix

Memo confirming no allegations

Virginia law- 15.2-1704. Powers and duties of the police force.

Individuals interviewed/ observations.

Interview with Director

Interview with Superintendent

Interview with Investigators

Interview with Probationers who made allegations

Summary determination.

Indicator a). The Virginia Department of Corrections has put in place trained investigators to complete criminal and administrative Investigations of sexual misconduct at its facilities. The Auditor spoke with the facility Investigator while on site and spoke with an SIU representative earlier this year. Each investigator confirmed the process by which they will be informed of an allegation. Virginia Policy 030.4 Special Investigations Unit (page 10) requires ‘the Unit Managers to ensure administrative or criminal investigations occur on all allegations of sexual assault or sexual harassment.’ The Harrisonburg Community Corrections Alternative Program had no allegation of sexual abuse in the past year to be investigated. The staff did report an incident that was investigated as potential sexual abuse but was determined to be consensual contact. Though there were no criminal proceedings, the administrative investigation supported the individuals being disciplined under the institutional conduct policy. The Facility Investigator reported he was called in from home on a Sunday to begin to investigate the one situation investigated. Virginia DOC has facility Investigators make initial reviews of allegations unless the allegation is clearly criminal. The facility investigator will assist in ensuring all evidence is secure. Interviews with the DOC Director and the Superintendent confirmed the expectation that all allegations be thoroughly investigated. The Superintendent discussed how he would expect the investigative process to occur administratively and criminally if appropriate. The Auditor was also provided an investigative matrix that describes the steps the facility and the SIU take in completing investigations, including PREA-related allegations. The Auditor spoke with an Agent from the SIU who would likely be called for any sexual abuse

	allegations. Indicator b). Virginia DOC Policy OP 030.4 Special Investigation Unit (SIU) (page 3) sets forth the obligation that all sexual assault and sexual harassment cases be investigated. The policy confirms that the SIU staff has full police authority. The Auditor confirmed the policy is on the VA DOC website while also reviewing state law in Virginia 15.2-1704, which defines the powers of police. The interview with the SIU agent confirmed the powers of arrest and authority to investigate crime in the facility. This includes the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution. Indicator c). N/A - The Virginia Department of Corrections is responsible for Criminal Investigations and Administrative Investigations at Harrisonburg Community Corrections Alternative Program. Indicator d). N/A - The Auditor is not required to review this provision. Indicator e). N/A - The Auditor is not required to review this provision. Compliance Determination: The documents reviewed by the Auditor confirm the authority of the DOC investigators to Investigate sexual abuse and sexual harassment allegations. HCCAP did have documentation of the steps that were taken in the one case that was administratively investigated. The Auditor also took into consideration interviews with the Director, the SIU investigator, the facility Investigator, and the Superintendent to confirm all allegations of sexual assault and sexual harassment are to be investigated.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy 102.6 Staff Orientation

Policy 350.2 Training and Development

Harrisonburg Community Corrections Alternative Program staff training records

Training Curriculum, outlines, and exams for Online and Academy courses

PREA/ADA monthly newsletters

Memo on training during COVID

Training rosters for HCCAP

PREA Office newsletters

Individuals interviewed/ observations made.

PREA Compliance Manager

Random Staff

Summary determination.

Indicator a). The Virginia Department of Corrections has policies and training in place to address the requirements of this indicator. Agency policy OP 102.6 staff orientation states, "The DOC will train all employees who may have contact with offenders on:

- 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 offenders' right to be free from sexual abuse and sexual harassment
- d. The right of offenders 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 offenders

- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

The Auditor reviewed the training materials used to educate employees when hired and during annual refreshers. The training materials reviewed contained all 10 required elements of this indicator. Employees are trained, and random staff interviews support an understanding of the agency’s zero-tolerance policy toward sexual misconduct. Staff are told, “Any behavior of a sexual nature between employees and offenders is prohibited. Employees are subject to a Group III offense under Operating Procedure 135.1 Standards of Conduct and may be prosecuted under the Code of Virginia.” The random staff were able to give examples of what they do in their daily jobs that help protect, detect, and respond to incidents of sexual misconduct. The staff reported awareness of the Probationers' and staff's rights to be able to report a concern without fear of retaliation. Staff were aware of individuals at greater risk and the symptoms they learned in the training of individuals who might be victims of abuse. Interviewed staff provided examples of different reasons sexual violence may occur in an institutional setting. A portion of the materials goes over staff standards of conduct, avoiding fraternization with Probationers, and the mandatory responsibility to report individuals who violate the policy. Staff were also able to discuss what they learned about working with LGBTI Probationers. Staff knew transgender and intersex Probationers have a search procedure and use the preferred pronouns when speaking with the Probationer. Staff undergo classroom training or online courses with a test to ensure subject knowledge. The staff are also given updates when policies are adjusted, and the DOC’s PREA/ADA unit puts out a monthly newsletter that refreshes staff on key issues in compliance. The policy on Training and Development (350.2) also covers the elements of the standard.

Indicator b). The training materials are developed for statewide use; as such, its curriculum addresses working with male and female victims of abuse. Harrisonburg Community Corrections Alternative Program had no staff transfer in from a female-only environment in this audit cycle. Policy 102.6 (page 4) language reinforces the DOC’s expectation of gender-specific training: “Such training shall be tailored to the gender of the offenders at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.” A review of the training material supports

Indicator c). The Virginia DOC trains individuals on an annual basis in PREA. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. New employees still receive classroom training on PREA at the state’s academy. The auditor looked at personnel

	records and training rosters to confirm that all staff are getting PREA training regularly. Employees also report information is refreshed periodically throughout the year. They report that PREA topics are often discussed in shift briefings. The Auditor also pulled a random 14 HR files of staff to review training records. Indicator d). The training records reviewed by the Auditor confirmed that staff signed an acknowledgment form that they understood the content of the training. The Auditor was also provided with each employee's test. Employees must receive a 100% score or must retake the questions the employee got wrong. This is done to ensure a full understanding of the staff's expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. The employees also complete an acknowledgment form that lists the 10 items in indicator (a), their continued responsibility to comply with the agency's PREA policy, and the requirement to report all concerns. The auditor was provided with staff training records to further support staff training. Compliance Determination: The Auditor has determined that the facility has appropriately trained its staff in the areas required by this standard. Facility staff were well educated in the training topics mandated in the standard by being able to give examples to the auditor's questions related to the 10 required training elements. The Auditor reviewed facility policies and procedures, training curriculums, materials, training rosters, and staff exams. The Auditor reviewed 24 current employee training records when on-site. The facility provides training more often than the requirements of this standard, as it trains staff annually. The PREA/ADA unit further supports ongoing training through the publication of a monthly newsletter that reinforces PREA topics and training modules. The Auditor determined compliance based on the staff's retained knowledge from training, reviewed training materials, interviewed the PREA Compliance Manager, and recorded staff training.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 027.1 Volunteer Programming OP 038.3 Prison Rape Elimination Act

OP 102.6 Staff Orientation

OP 350.2 Training and Development

Training PowerPoint

Guide to Maintaining Boundaries

Memo on contractors and volunteers training

Volunteer and Contractor acknowledgment forms

Individuals interviewed/ observations made.

Contracted Employee Interview

Volunteer

Summary determination.

Indicator a). Harrisonburg Community Corrections Alternative Program has not had any volunteers in the past year. The facility trains contracted staff and volunteers who work with the individuals on-site. Doctors who work at multiple facilities receive training with the DOC. The Virginia Department of Corrections and the Harrisonburg Community Corrections Alternative Program have in place a system to ensure all contractors and volunteers are trained regarding the Probationers' rights to be free from sexual abuse, the agency's zero-tolerance policy for individuals who violate such, the potential criminal charges. Policy OP 350.2 states, "Contractors and volunteers with the DOC who have contact (or could have contact) with offenders shall be trained on their responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders and probationers.

i. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

ii. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.

iii. See Operating Procedure 027.1, Volunteer Program, for guidance on volunteer training.

iv. See Operating Procedure 160.1, Staff Orientation, for guidance on contractor training."

	The Auditor was provided a sample of the information on various contractors and volunteers get on the Prison Rape Elimination Act. HCCAP has no daily contractor working with the probationer. The facility shares medical and mental health practitioners with other DOC facilities. The facility has one religious volunteer and no college interns in the past year. The facility provided documentation on the volunteers and contractors coming to the site to confirm their education. HCCAP provides basic education on probationers' rights to be free from sexual abuse or harassment to all contractors who come on-site, even if they have no contact with residents. Indicator b). As noted in Indicator (a), the Virginia Department of Corrections provides significant training to both its contracted and volunteer staff. The Auditor was able to confirm through the interview process that the individuals spoken with had a clear understanding of the zero-tolerance culture, how to avoid an inappropriate relationship with probationers, and how to report a concern. Contracted Employees providing direct service receive the same annual training as the DOC staff. Individuals volunteering or contractors providing limited Probationer contact services receive an orientation program that includes an overview of PREA, according to the PREA Compliance Manager. Indicator c). The auditor was able to review the training records of contractors and volunteers. The individuals signed initial orientation forms when first allowed into the facility. Compliance Determination: The Harrisonburg Community Corrections Alternative Program is prepared to provide training to contracted employees and volunteers that is based on the level of contact with the Probationers. Individuals with more direct and frequent contact receive the same training from the department on PREA and how to report a concern. Interviews, training materials, and records support that there is a process to ensure all individuals who come to the facility are educated on the Probationers' right to be free from sexual abuse, sexual harassment, and retaliation for reporting any such misconduct. The interviews also confirmed the individuals knew their requirement to report any knowledge or suspicion of such misconduct. The Auditor finds the HCCAP to be compliant with the expectations of this standard. The determination was based on the materials reviewed, policies in place, and formal and informal interviews completed.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Policy OP-038.3 Prison Rape Elimination Act.

Policy OP-810.2 Transferred Offenders and Receiving Operations

Probationer Orientation Manual

Zero Tolerance Postings

Probationer Training Outline (intake)

Probationer Training Outline (comprehensive)

Probationer acknowledgment Forms

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with Probation Officers

Interview with Probationers

Observation on the tour of PREA Signage in two languages

Summary Determination:

Indicator (a) All Probationers are provided information about PREA upon admission to HCCAP. The Probationers have often been exposed to PREA through other VA DOC facilities before their admission at HCCAP. At intake, Probationers report being provided a description of PREA, how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The auditor explained the admission process during the tour, including the information the intake officer routinely goes over related to PREA, the information provided in documents, and the video. The auditor could not observe an intake due to no admissions but confirmed with probationers that they were provided information about PREA during their first hours in the facility. In addition to written documentation about PREA that is reviewed at intake, all Probationers see a PREA educational video and have continued access to information on the site. All probationers sign when they are educated upon admission and sign the form again once they have completed the more comprehensive training. The facility reports all 474 admissions have received education on their rights related to sexual abuse and harassment, including how to report a concern.

Indicator (b) All probationers at HCCAP are provided with a review of the facility-specific PREA information by their caseworker in the first few days in the facility. There is reportedly an orientation group the night a Probationer arrives that ensures they understand how the program works, including PREA. Probation Officers also report that they will follow up during their initial meeting to see if there are any further questions the person was not able to ask in the group setting. The education includes the Virginia Department of Corrections' Zero Tolerance toward sexual abuse or sexual harassment. Policy 940.4 states, "Each probationer/parolee will receive a complete orientation. The orientation must be completed within five working days of the probationer's/parolee's arrival. At the time of the orientation, the staff member providing orientation and the probationer/parolee must sign and date a written statement acknowledging receipt of the orientation." It goes on to state, "PREA probationer/parolee education must be presented and documented in accordance with Operating Procedure 038.3, Prison Rape Elimination Act (PREA).

a. Within 10 days of arrival, the probationer/parolee must receive the comprehensive PREA training using the Preventing Sexual Abuse & Sexual Assault Trainer Outline (Comprehensive), and will sign the Acknowledgement of Preventing Sexual Abuse and Sexual Assault Training 038_F4; see Operating Procedure 038.3, Prison Rape Elimination Act (PREA)

b. In addition to providing such education, the facility will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats."

Random Probationers confirmed education in PREA. Probationers confirm verbally in the interviews that they have received education about PREA and how to report a concern. All 248 admissions who were transferred in from other institutions also reportedly received education. A review of 15 spot-checked files, training documents, and Probationer interviews supports compliance with the indicator.

Indicator (c) All Probationers at the Harrisonburg Community Corrections Alternative Program have received an education on PREA and how to report any concern. Probationer education is documented. Random probationers confirmed that PREA was addressed at admission or upon transfer from their prior prison. There are no probationers who were in the Harrisonburg Community Corrections Alternative Program before the implementation of the PREA law. Many random probationers pointed to signage in the units that educated probationers (#55) about PREA, and others mentioned the PREA brochure and the PREA video.

Indicator (d) Education is available in multiple languages and forms, from written and video documents to large print documents. Probationers support the idea that they can go to staff if they need assistance in the comprehension of written or oral

PREA education. HCCAP does not currently have any individuals with significant impairments that require accommodations. The aid is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations, or those who cannot read. Many Probationers stated that PREA was not a concern, but they knew the information was available and stated some people could help, including line officers, Probation Officers, the PREA Compliance Manager, or dial #55. The Auditor saw PREA Information in two languages during the tour. The PREA Coordinator would be made aware of any disabled individuals as she also oversees ADA compliance for the DOC. The Central Region PREA Analyst is also trained in ADA compliance.

Indicator (e) As noted in indicator (b), The Auditor reviewed 15 files supporting compliance with the documentation of PREA education. Records were reviewed for a random sampling of Probationers. This supports they have received PREA education. Agency policy takes the additional step to require that if any client file does not have written proof of education, the probationer is required to undergo reeducation immediately. Probationers met with confirmed they attend the training and are required to sign an acknowledgment form for intake.

Indicator (f) Agency Policy OP-810.2 Transferred Offenders and Receiving Operations states, "Each institution will ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats." Observations throughout the tour support the fact that materials are continuously available to probationers. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The documentation of the Spanish Handbook was provided during the post-audit period.

Compliance Determination

PREA is a term the Probationers are familiar with at HCCAP. Most probationers report prior education on PREA in county Jail or previous DOC stays. The Virginia Department of Corrections Policy OP 038.3 PREA-Prevention sets forth (on pages 4-5) the expectation of the timeliness of Probationer education, the manners in which education is delivered, and the requirement for materials for LEP and disabled Probationer education. Probationers at HCCAP confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the Probationer during day one and in the orientation class. This class has a PREA video, and the staff running the class goes over the Probationer handbook that contains PREA information and consequences for those who violate program rules. The information reviewed is signed by the Probationer and placed in their case record. The facility continuously has PREA educational materials, such as brochures and posters, to probationers. This video is available in

	multiple languages. Probationers can access documents that can be translated into multiple languages as needed. During interviews with Probationers, they expressed several ways to contact the administration or outside individuals if they were uncomfortable telling the line staff. Many of the Probationers stated that PREA was not a concern at the HCCAP. They also reported they believed any complaint would be taken seriously and investigated. Compliance determination considered the supporting educational documents, the Probationers' answers about training, and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education and the probationer's education training materials.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy OP 030.4 Special Investigations Unit Policy OP 350.2 Training and Development Training for Institutional Investigators (PowerPoint) NIC training on investigating sexual assaults in a Correctional Setting Investigation Matrix SIU Investigator Training records Facility Investigator's training records Individuals interviewed/ observations made. Interview with SIU Staff Interview with HCCAP Investigator Interview with Superintendent Summary Determination

Indicator (a) The Virginia Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations Unit (SIU) agents who are official law enforcement agents with full powers of arrest in the state of Virginia. The Virginia DOC employs criminal investigators by region to investigate unlawful conduct in the facilities, including sexual assault and sexual harassment. These individuals are required by policy OP 350.2 Training and Development, "Sexual abuse and sexual harassment investigations shall only be conducted by investigators who have received special training in sexual abuse investigations. 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."

DOC SIU Agents have received training in completing investigations consistent with the Virginia statutes and DOC policy. The Department of Corrections has a cadre of 54 staff members trained on how to complete sexual assault investigations in the Correctional setting, including 24 SIU agents. The facility has a Lieutenant who completed specialized training on investigating PREA allegations in the facility. The Virginia policy has the facility investigators make an initial assessment of the situation unless the allegation is clearly criminal, and SIU would immediately be called. The facility investigator will respond to all allegations to ensure in the case of a criminal act, the scene and evidence are protected until the criminal investigator arrives.

Indicator (b) The Virginia Department of Corrections has two training resources to ensure staff understand how to complete sexual assault or harassment investigations in a Correctional setting. The Agency utilizes both the National Institute of Corrections online course PREA: Investigating Sexual Assault in a Confinement Setting and the developed course. The course, reviewed by the Auditor, contained all the relevant topics required in this standard. The interview with the trained investigators confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral.

Indicator (c) Training records were provided for onsite staff who complete

	investigations and for 19 staff from throughout the Department of Corrections who would complete criminal and administrative investigations at HCCAP, including the investigator interviewed by the Auditor. Policy OP 030.4 Special Investigations Unit (page 10) states, "The PREA Compliance Manager shall maintain documentation that the required specialized training in conducting sexual abuse investigations has been completed by the investigators." The Auditor was provided documentation for the statewide SIU employees and the current facility investigator. Indicator (d) The Auditor is not required to review this indicator Compliance Determination: The Virginia Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a Correctional setting. Documents and interviews support the idea that the facility's investigators are trained in the requirements of a PREA-related investigation. Given the number of DOC-trained SIU Agents, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility meets the standard expectations. The Auditor made a compliance determination based on policy, the training materials provided, and the interviews with facility and SIU investigators. The auditor also reviewed the training's practical application in an investigation during the interviews with both the facility and the SIU investigator.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy 102.6 Staff Orientation Policy 350.2 Training and Development Policy 701.1 Health Service Administration Policy 720.7 Emergency Medical Equipment and Care NIC Courses for Medical and Behavioral Health Staff on Working with Victims in Corrections

NIC Certificates

Individuals interviewed/ observations made.

Medical Staff

Mental Health Staff

Sentara RMH Medical Center Staff

Summary Determination

Indicator (a) The Harrisonburg Community Corrections Alternative Program employs limited medical services onsite. The facility has one full-time nurse and shares other medical and mental health staff with DOC facilities in the region. Mental Health Services are by referral or treatment plan; there is one QMHP for HCCAP. The agency trains healthcare staff with the use of the National Institute of Corrections courses on PREA-specific considerations for the medical and behavioral health staff. Included in the training materials was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before being transported to the hospital for a rape kit. Medical and Mental Health staff knew who to report PREA concerns to in the facility and within their supervision chain. Supporting documentation considered included the facility's PREA response plan. Agency policy also covers the language of the standard. "The Health Authority and/or Institutional Training Officer will document that

all full and part-time medical and mental health staff who work regularly in DOC facilities receive specialized training in:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

Interviews also support the idea that the healthcare staff should be trained to support the individual once the initial forensic exam has been completed. The nurse confirmed she would follow up with the probationer if they refused any of the initial treatment recommendations at the hospital. The mental health staff also supported that they would provide frequent check-ins and assessments after a sexual abuse incident.

Indicator (b) The staff does not complete a forensic exam. Discussions with the Sentara RMH Medical Center confirmed the availability of trained nurses to perform sexual assault exams.

Indicator (c) Documentation was provided to the Auditor for the healthcare staff confirming that the specialized training was completed. The Auditor reviewed the training materials and considered the staff's knowledge of the materials. The facility provided documentation for the doctors, nursing staff, and qualified mental health professionals.

Indicator (d) A review of the training record and the interview with staff confirms that all healthcare staff received the same training as the DOC employees annually as well as the training described in 115.32. DOC training records further support compliance. Policy 102.6 states, "Medical and mental health care practitioners must also receive the training mandated for employees or contractors and volunteers depending upon the practitioner's status in the DOC." Records of the training were provided for both Medical and Mental Health.

Compliance Determination:

Medical and Mental Health staff who work at Harrisonburg Community Corrections Alternative Program have taken the required specialized course through the NIC and can attest to the information they learned. The Auditor is familiar with the course content, having reviewed it in previous audits. The training materials and interviewed staff supported that they were trained in how to respond appropriately to sexual assault victims. The auditor met formally with the healthcare staff at HCCAP to ask questions and with the staff on tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. Medical staff will not do forensic medical examinations, but are aware of how to protect evidence and what facilities they would refer Probationers to for an exam by a SAFE or SANE if needed. The Auditor reviewed policies to determine compliance. Interviews, review of Medical and Mental Health Staff training materials, and records were also considered in compliance determination. The Auditor also took into consideration the availability of SAFE nurses in the local hospital.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy OP 730.2 Screening Assessment and Classification Policy OP 810.1 Offender Reception and Classification Policy OP 810.3 Transferred Offender receiving and Orientation Policy OP 861.1 Offender Discipline Client Classification Screenings Client Reassessments Individuals interviewed/ observations made. Interview with Agency PREA Coordinator Interviews with Armor staff. Interview with Intake and Screening staff Interview with Superintendent Observation on tour Summary Determination Indicator (a) All Probationers who are admitted or transferred to Harrisonburg Community Corrections Alternative Program will be assessed with an objective screening. This requirement is outlined in policy OP 810.1 (page 5), which states, "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." The policy goes on to state, "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." Policy OP 810.2 sets forth the same requirements for individuals who are transferred in the DOC system on page 4. The online audit

system provided evidence supporting that probationers are screened, showing completions over the month of admission. The Auditor also reviewed files on-site to ensure compliance. Some residents are admitted from county jail or the community, while others have gone to treatment slots in another DOC facility and are transferred to HCCAP as they prepare for release.

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Virginia DOC requires the screening to be completed in the first 24 hours, which exceeds the standard expectations. The review of the screening reports supports that this practice standard is met. The probationers also confirmed they are met in the first 24 hours after being admitted. The intake staff confirmed that the screening would be done the next morning if transfers arrived late from other parts of the state. The Auditor also selected files to review on-site from the current population and upload to the OAS. 100% of the files reviewed were completed on time.

Indicator (c) The Virginia DOC developed a screening of probationers for potential risk of sexual violence or sexual victimization. The Screening uses an objective tool utilizing information from the Probationer's criminal records, information from other Correctional settings, and the client's self-reported information. The auditor was provided with the materials for administering and scoring the tool to ensure that the application is objective. The screening information has been put into VACORIS, an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked and other sources of information considered in scoring the tool. Files were reviewed in advance of the audit, and the Auditor requested a random sampling of files on-site, as noted in indicator (a). Since there were no admissions on the day of the interview, the Auditor relied on interviews with the screener. The Probation Officer described how she completes the screening process. The tool and the description of how information is gathered and scored support an objective process that allows anyone trained to come to the same scoring outcomes. The PREA policy also sets forth an assessment of the probationer's risk. It states, "Utilizing the results of the offender's classification Assessment in VACORIS and available offender records, all offenders are screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior at intake, transfer, and as needed."

Indicator (d) A review of the objective tool used in Virginia DOC facilities shows that it accounts for all 10 elements required in this indicator. There are 28 different questions that score an individual as High-Risk Sexual Aggressor (HRSA) or High-Risk Sexual Victim (HRSV). The Virginia DOC PREA Policy states the following regarding the PREA screening process. "The Classification Assessment must be approved within 72 hours of the inmate's arrival at the institution and will include a review of the following factors: (§115.41[b], §115.41[e])

- a. History of assaultive behavior
- b. Potential for victimization
- c. History of prior victimization
- d. Special medical or mental health status
- e. Escape history
- f. Age
- g. Enemies or inmate keep separate information
- h. Any other related information.”

Indicator (e). The Probation Officer stated the tool asks questions about the probationer’s history of violence, including sexual abusiveness. The Virginia DOC screening tool does consider the offender’s history of violence or sexual abusiveness in the community and prior institutional settings. The PREA Compliance Manager and the Probation Officer interviewed about screenings reported if the Inmate has an incident in the current institution, they would be reassessed, which could change their scoring. The agency screening guidelines remind staff that Inmates can be both a high risk to be a victim of sexual abuse (HRSV) and a high risk to be a sexual aggressor (HRSA). The agency practice is to follow the guidelines of HRSA when the Inmate scores positive for both status measures. The Auditor also saw the HRSA/ HRSV screens from VACORIS (the state's electronic case management system) when identifying the target population for interviews. The current population of the HCCAP has no individual who scored HRSA in the low-level security facility. The auditor’s review of the tool supports the fact that they considered behaviors that occurred in the community and prisons.

Indicator (f) The VA DOC policy 810.1 requires assessment within 21 days instead of the standard requirement of within 30 days. The Policy states, “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.

i. The PREA Reassessment 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 be scanned and uploaded as an external document

to the corresponding PREA Reassessment note.

As noted in indicator b) the facility identified in a self-assessment that not all individuals were being reassessed in a timely fashion. Of the random files pulled by the Auditor on-site, the Auditor found that all files were completed on time for both the initial and the reassessment for those individuals who were in the program 30 days or longer. The Auditor also looked at the closed files of individuals discharged earlier this year. The Auditor finds that previous concerns have been addressed and resolved. The Auditor based this decision on the evidence that all other files randomly selected were completed in time.

Indicator (g) The Auditor asked the screening staff why a reassessment would occur. The probationer would be reassessed if they were either the victim or the perpetrator of sexual violence if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. Policy OP 730.2 Screening Assessment and Classification states, "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."

There have been no reasons in the past year that an individual needed to be reassessed at HCCAP. The policy requires an annual reassessment if the facility has an HRSA individual. "Mental Health staff will complete an annual follow-up to monitor and assess the current level of functioning, risk, and needs for those offenders who are designated HRSA."

Indicator (h) The Auditor confirmed that probationers are not disciplined for refusing to answer questions or disclosing information during the screening process. The Auditor spoke with a probation officer, who completed the initial screening and the reassessment. A random sampling of probationers also confirmed that you could not get in trouble for not answering these questions.

Indicator (i) The Virginia Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Limited information is shared through the Unit management structure to ensure safety but critical information that might be used to exploit a Probationer is kept to a limited few individuals. The PREA screening results can only be seen by the probation officers (case managers), the lieutenant officers who make housing movement decisions, and the upper administration.

	Compliance Determination: The Harrisonburg Community Corrections Alternative Program ensures all probationers are screened for risk of sexual victimization or sexual abusiveness. The policy requires that all Probationers be screened initially within 24 hours and reassessed within 14-21 days. The Agency has in place the ability, when warranted, to reassess a Probationer because of a request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. VACORIS, the Virginia DOC electronic case file system, provides security by limiting individuals' access to scoring. Virginia DOC developed the objective tool and has clear guidelines for its use. The tool accounts for all factors required in indicators (d) and (e). The screening staff confirmed probationers could not be punished for refusing to answer questions about sexuality, prior victimization, and vulnerability. Interviews with staff and probationers further support the idea that the appropriate questions are being asked. Compliance was determined based on the sample screens reviewed and their consistency with the required content. The probationers confirm that the questions asked are consistent with the described screening and reassessment process.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy OP 038.3 Prison Rape Elimination Act Policy OP 730.2 MHWS Screening, Assessment and Classification Policy OP 940.4 Community Corrections Alternative Program Client Classification Screenings Client Reassessments HRSA/HRSV reports in CORIS Memos on PREA Scoring Individuals interviewed/ observations made. Interview with PREA Compliance Manager

Interview with Intake Officer

Interview with Random Staff

Interview with random Probationers

Population report

Observation on tour

Summary Determination

Indicator (a) The Virginia DOC PREA policy OP 038.3 addresses prevention efforts and covers the 5 elements of this standard indicator (Pages 6-7). "Facility staff will use information from the offender's Classification Assessment in determining appropriate housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff will make individualized determinations about how to ensure the safety of each offender." The PREA screen used at HCCAP provides immediate assistance in determining the appropriate housing unit and bed placement for any new Probationer. If an individual is as a high risk of known perpetrator of sexual offenses, they would be prohibited from being placed in the same unit as an individual with a known victim history. The shift commander would reportedly place individuals who are likely to be victimized in bunks closest to the housing officer's desk. Through a multi-disciplined team, unit staff determines when a probationer is ready to transition to work or programming. The team would review where a potential conflict would be identified. The Auditor was provided with examples of the report available in VACORIS that breaks out individuals who score as high risk for sexual aggression or being victimized. HCCAP has only two units but the program does not often get individuals who score HRSA and HRSV at the same time. As a low-level facility, individuals with recent aggressive histories would unlikely be placed in a community confinement facility.

Indicator (b) As noted in the policy statement in indicator (a) the safety of the Probationers is considered throughout the Probationer's stay. The facility has probation officers who regularly meet individuals, allowing for informal check-ins where safety concerns could be disclosed. The staff interviewed identified the importance of being able to identify when the behaviors change. The random probationers reported they could reach out to the PREA Compliance Manager if they had any individual needs/concerns. Interviews with staff also confirm they would act if the probationers voiced concerns. During the initial screening process, Probationers are asked about their perception of safety by custody and medical staff. Probationers also have an opportunity to discuss concerns about mental health with case management staff during the reassessment period.

Indicator (c) Currently, the Harrisonburg Community Corrections Alternative Program has one transgender or intersex individual. The Harrisonburg Community Corrections Alternative Program is a single-gender male community Correctional facility. Transgender probationers in the population would be housed in a bunk that provides the greatest staff observation, and are housed in general population beds. Agency policy states, "In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders and in making other housing and programming assignments for transgender and intersex offenders, staff will take into consideration whether an assignment would ensure the offender's health and safety and whether the assignment would present management or security problems. A transgender or intersex offender's view with respect to their own safety will be given serious consideration." The decision on where to house an individual who had previously disclosed their transgender or intersex status would be determined at a DOC administrative level. Any individual who discloses their status at HCCAP will be protected and will work with facility management to discuss steps to keep them safe. The Virginia DOC PREA Office would also be informed. Agency policy also addresses the indicator in policy 940.4. "Housing and programming assignments for transgender or intersex probationers/parolees will be made on a case-by-case basis and will take into consideration whether a placement would ensure the probationer's/parolee's health and safety and whether the placement would present management or security problems." The Agency PREA Coordinator provided a description of the process that the department undertakes in reviewing at an agency level the most appropriate housing options for Transgender and Intersex Individuals. The central office committee reportedly meets at least quarterly to review transgender and intersex inmates' and probationers' facility assignments. The committee includes the Virginia Department of Corrections' medical and mental health care leadership.

Indicator (d) The facility has had two transgender persons in the past three years. Facility management, including the Superintendent and the PREA Compliance Manager, are aware of the expectations. The identified resident supported the facility in meeting with them to discuss their needs in ensuring safety. The facility offered modifications to the bathroom, separate shower times, and the option of search deviation, but the resident decided against it.

Indicator (e) The Agency PREA Coordinator confirmed that a transgender probationer would be allowed to make requests for housing programming searches, medication, and personal items to improve their overall comfort in the facility. As Probationers progress in their treatment, the multi-disciplinary team will continue to assess the most appropriate housing. The agency also expects the QMHP to meet and assess needs. Policy 730.2 states, "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.” Policy 940.4, consistent with standard language, states, “A transgender or intersex probationer’s/parolee’s own views with respect to their own safety will be given serious consideration.” The transgender resident reportedly felt comfortable in the environment. Indicator (f) DOC Policy 038.3 requires that transgender Probationers can shower separately from other Probationers. Shift commanders report transgender and intersex individuals who would be allowed to shower during the count when movements are most controlled. Policy 940.4 states, “Transgender and intersex probationers/parolees will be given the opportunity to shower separately from other probationers/parolees.” There have been two transgender or intersex individuals at HCCAP in the past three years. Indicator (g) The Virginia Department of Corrections does not, by policy, practice, or legal requirement, house all LGBTI Probationers in one housing unit. There is no legal judgment requiring such a condition to exist. The policy prohibits this action: “Lesbian, gay, bisexual, transgender, or intersex offenders will not be placed in a dedicated facility, housing unit, or wing solely on the basis of such identification or status” (OP 038.3). This was confirmed with interviews with the PREA Compliance Manager, random staff, and probationers. Supervisors report that someone’s Sexual Orientation Gender Identity Expression (SOGIE) status itself is not a factor for housing placement. Compliance Determination Virginia DOC Policy OP 038.3 Prison Rape Elimination Act described the use of the PREA Screening tool in Indicators (a) and (b). Policies OP 940.4 and OP 730.2 further address standard requirements. All individuals entering HCCAP are asked how they feel about their safety, which helps guide housing placement and programming. The Auditor confirmed with the PREA Coordinator and the Superintendent that multidisciplinary teams would meet to discuss each transgender Probationer’s needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender probationers would have privacy during shower use. The standard is determined to be compliant based on policy, supporting documents, and interviews with probationers and staff. The auditor finds that practices are in place to use screening information and that there is good communication about those at risk.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

HCCAP PreAudit Questionnaire

Policy OP 038.1 Reporting Serious or Unusual Incidents

Policy OP 038.3 Prison Rape Elimination Act

Policy OP 803.3 Offender Telephone Services

Policy OP 801.6 Offender Service

Policy OP 866.1 Offender Grievance Procedure, Institutions

Memo on no reported incidents

VA PREA Brochure

HCCAP Handbook

PREA Posters

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Random Probationers

Observation on a tour of reporting information

Summary Determination

Indicator (a) The Virginia DOC has multiple policies that address the concerns of this standard indicator. The Probationer reporting section of the PREA policy (OP 038.3) states, "Inmates and CCAP probationers/parolees can report sexual abuse and sexual harassment, inmate and CCAP probationer/parolee retaliation 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" It goes on to state, "Inmates and CCAP probationers/parolees will not be required to report sexual assault to the immediate point-of-contact line officer only; an inmate or CCAP probationer/parolee may report a sexual assault to any staff member using any available method to include:

- i. Verbally in person to a staff member or through another third party who can assist the inmate or CCAP probationer/parolee in filing requests for

administrative remedies

ii. Verbally through the inmate and CCAP probationer/parolee telephone system sexual assault hotline number #55

iii. Written using a Facility Request 801_F3 or other type of written document; see Operating Procedure 801.6, Inmate and CCAP Probationer/Parolee Services.

(a) Inmates can submit a written report through the Offender Grievance Procedure using the Written Complaint 866_F3, Regular Grievance 866_F1, or Emergency Grievance 866_F4; see Operating Procedure 866.1, Offender Grievance Procedure.

(b) CCAP probationers/parolees can submit a written report through the complaint process; see Offender Complaints, Community Corrections. d. There is no time limit on when an inmate or CCAP probationer/parolee may submit a Complaint, Written 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” The policy directs staff and Probationers on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker’s action or inaction that led to sexual misconduct against a probationer. Random probationers’ interviews confirmed that they know there are multiple ways to report a concern within the facility or to the Department of Corrections PREA Office. Probationers knew of the postings and options to report a concern, including directly to a staff member they trust, to any case manager or medical or mental health staff, by writing the Superintendent, or by calling the PREA ‘hotline’ (#55). Residents supported access to writing materials to be able to mail to internal or external individuals. The facility will provide postage to indigent residents. Residents are made aware of whether the calls are recorded and if they can make calls when working in the community.

Indicator (b) The Virginia Department of Corrections has set up a way for Probationers to report a PREA concern to an outside agency. The phone numbers to access the rape crisis agency Action Alliance are painted on walls prominently in each housing unit. The PREA Poster available has the address of Action Alliance if they do not feel comfortable reporting to DOC staff. Probationers were aware of these options and stated they could call attorneys or family members to report a concern. The probationers were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. As noted, Action Alliance has set up, with the DOC, a reporting line and a treatment/support line. The Auditor tried the # 55 line from a housing unit which prompts you to either press 1 to report a complaint or 2 to speak with a rape crisis advocate. The auditor called the hotline, and the state PREA analyst confirmed that she had received a notification. The Auditor confirmed with Action Alliance that the reporting process allows them to report all concerns while allowing the individual to remain anonymous. By allowing the Probationer to report a concern separate from seeking

emotional support, they can report the complaints to the DOC for investigation. The Auditor also spoke with the local RCC, the Collins Center. The representative confirmed they had not received any calls from any HCCAP residents on their hotline.

Indicator (c) Interviews confirm consistent with agency policy (OP 038.3 Prison Rape Elimination Act page 8-9) that all staff take any report of a PREA-related incident seriously and report the concern to a superior or the facility investigator. "Staff must accept reports made verbally, in writing, anonymously, and from third parties and must promptly document verbal reports as an Internal Incident Report with PREA checked in the description field." Random staff knew that they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim needed to be reported and documented in writing, even if they thought it did not occur. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on a fellow employee's actions or failure to act that led to a sexual assault. Policy 038.1 Reporting Serious or Unusual Incidents also addresses the indicator. "Staff must accept reports made verbally, in writing, anonymously, and from third parties and must promptly document verbal reports as an Internal Incident Report with PREA checked in the description field."

Indicator (d) The Virginia Department of Corrections provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff member being involved with a probationer, they reported to another supervisor or a higher-ranking individual. The staff can make a report using either the posted phone numbers, Human Resources, the Superintendent, or the Virginia DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences.

Compliance Determination:

Virginia Department of Corrections has several policies that promote staff and probationer reporting. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment, whether it was done verbally, in writing, anonymously, or by a third party (indicator (c)). Probationers interviewed were aware of multiple ways they could report, including telling staff, calling the hotline, mailing administration or the rape crisis agency. Posters are seen on the housing units during the tour, directing probationers to call or write the Action Alliance to report a concern or to seek emotional support. Probationers spoken to formally and on tour reported comfort in speaking with staff, especially the facility's PREA Compliance Manager, if they had concerns. Custody staff reported knowing how to privately report PREA concerns to

	the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed on tour, and the interview of random staff, probationers, Rape Crisis representatives, PREA Compliance Manager, and PREA Analyst. The Auditors also successfully tested the reporting phone system with the regional PREA Analyst, who was notified of the call. Because probationers go out into the community, they can also report concerns when away from the institution.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Policy OP 038.3 Prison Rape Elimination Act Policy OP 866.1 Offender Grievance Procedure, Institutions HCCAP Investigation Chart Memos from Superintendent Individuals interviewed/ observations made. Interview with facility PREA Monitor Interview with PREA Office staff Interview with Superintendent Interview with Grievance Officer Interview with Random Probationers Observation on tour Summary Determination Indicator (a) The Harrisonburg Men’s Community Corrections Alternative Program is not exempt from the standard; Probationers can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a probationer can file a grievance. “All offenders in each Community Corrections Unit must be advised that they have complaint/grievance procedures including at least one level of appeal available to them.” The Superintendent reports no grievance

forms were filed for sexual assault or sexual harassment allegations.

Indicator (b) Agency policy and client handbooks support the Probationer can file a grievance to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency policy OP 866.1 Offender Grievance Procedure, Institutions sets forth language consistent with the standard. The policy denotes, "The Offender Grievance Procedure is one way in which offenders can privately report sexual abuse and sexual harassment, retaliation by other offenders 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. Staff are prohibited from interfering in any part of the complaint or grievance process and from retaliating against an individual for use and/or participation in the Offender Grievance Procedure." The policy also states, "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse or sexual harassment."

Staff are directed in the grievance policy to accept and report all allegations of sexual misconduct. "Staff will accept any report of PREA-related issues and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA will be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents."

Indicator (c) The facility has mailboxes where probationers can submit confidential letters to the PREA Compliance Manager or the Superintendent. They can also write the state PREA Coordinator Office at the DOC headquarters. Probationers interviewed report mail or grievances to be the less common way to report than telling staff or dialing #55.

Indicator (d) Policy OP 866.1, Offender Grievance Procedure, Institutions sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The Agency policy describes a process that should be completed in a total time of under 180 days. The facility management report they will treat PREA allegations in an expedited fashion.

"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)])
2. Staff must accept all offender allegations of sexual abuse and sexual harassment reported through the

informal complaint process and must immediately report any knowledge, suspicion, or information

regarding an incident of sexual abuse or sexual harassment to the Facility Unit Head and the PREA

Compliance Manager. (§115.51[c]).

3. Staff must forward Written Complaints alleging sexual abuse or sexual assault to the PREA

Compliance Manager for investigation; the written response must be “This matter has been forwarded

for investigation to the PREA Compliance Manager”. The PREA Compliance Manager must notify

the Regional PREA Analyst. “ There were no grievances to review the timeliness of responses.

Indicator (e) The grievance policy states probationers may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. “Third Party Assistance - Third parties must be able to assist offenders in completing grievances relating to allegations of sexual abuse and sexual harassment and must be permitted to file such requests on behalf of offenders. (§115.51[c],§115.52[e]) a. If a third party files such a request on behalf of an offender, the offender must agree to have the request filed on their behalf. i. If the offender does not agree, staff must document the decision and the grievance must not be accepted. ii. If the offender does agree, assistance from fellow offenders or staff members may continue through all stages that remain. b. Any third party filing of a request related to allegations of sexual abuse or sexual harassment must be forwarded to the PREA Compliance Manager” Staff were also aware they need to accept all complaints or grievances from third-party individuals be it other Probationers or other interested parties.

Indicator (f) Policy OP 866.1 describes the provisions for an emergency grievance.

“Emergency Grievance Process (§115.52[f(1)])

1. Any offender who has a substantial risk of imminent sexual abuse or whose current situation or

condition subjects them to an immediate risk of serious personal injury or irreparable harm should

immediately notify staff for assistance.

	2. The offender can access the emergency grievance process by submitting their issue on the Emergency Grievance 866_F4, for an expedited response. 3. Emergency grievances that are not resolved to the inmate's satisfaction may then be filed as a Regular Grievance. An inmate must exhaust this administrative remedy when originally filing an emergency grievance, prior to seeking Judicial Relief.." The forms have tracking numbers to allow for systematic review by the administration and prevent them from being diverted. There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with administration support that allegations of recent sexual abuse would be handled as an emergency grievance and be investigated by trained investigators. Indicator (g) Virginia Department of Corrections states Probationers can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed, even if they have not been filed through the grievance process. The facility grievance policy covers this language. "There shall be no reprisal against any offender for complaints submitted in good faith." There were no grievances filed that were alleged to have been filed in bad faith. Compliance Determination Harrisonburg Men's Community Corrections Alternative Program is not exempt from the exhaustion of administrative remedies. The Virginia Department of Corrections has a policy in place that covers the probationers at HCCAP's right to seek administrative resolutions. There were no instances in which an emergency grievance was filed related to sexual abuse. Probationers interviewed knew they could file a PREA-related concern through the grievance process but acknowledged it would not be as quick to resolve it as telling a staff person directly or calling the PREA Hotline. Probationers report they can get assistance from other probationers in completing forms if needed. Compliance determination relied on the policy and interviews with the PREA Office staff, the Superintendent, the PREA Compliance Manager, and random probationers who were aware of the grievance process as a possible avenue to report a Sexual Misconduct concern.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy OP 038.3 Prison Rape Elimination Act

MOUs with Action Alliance

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Interview with Action Alliance staff

Interview with Collins Center representative

Interviews with Random Probationers

Signage reporting PREA in multiple languages

Observation on tour

Summary Determination

Indicator (a) Virginia Department of Corrections policy OP 038.3 Prison Rape Elimination Act requires on page 13 the agency ensures a current MOU with a rape crisis organization. "The DOC maintains a Memorandum of Understanding (MOU) with a community service provider who is able to provide offenders with access to free, confidential emotional support services related to sexual abuse. A copy of this agreement is available from the PREA/ADA Supervisor." The Harrisonburg Men's Community Corrections Alternative Program provides access to the local rape crisis agency. Action Alliance will provide phone support and assign staff or work with other local providers if the Probationer requests face-to-face support. The Agency's employees are considered professional visitors, allowing for confidential communication. Probationers can communicate by phone to Action Alliance utilizing #55 on the unit phones, which will not record the conversation. The Auditor confirmed with the local rape crisis agency, the Collins Center, that they have a working relationship with Action Alliance and the local hospital. Given the distance from Richmond, Action Alliance may ask the local RCC to provide any in-person support. The local RCC reports experience providing emotional support with the local hospital where HCCAP residents would go. The Rappahannock representative confirmed that their staff can also provide support during investigatory interviews and can make referrals to individuals who leave the area after release. The Virginia Department of Corrections also provides ongoing mental health services to individuals in its facilities.

	Indicator (b) All Probationers interviewed understood that calls to the Hotline would be reported back to the institution. If a probationer dials #55 and chooses option two, they can have confidential communication that will not necessarily be reported. Probationers were aware the phone calls were not recorded if they called the rape crisis agency. The Auditor confirmed with probationers and advocacy organizations that professional visit opportunities would allow for a more open dialogue. Virtual mental health meetings currently occur at the facility as needed. Indicator (c) The Department of Corrections has a Memorandum of Understanding with Action Alliance covering the Harrisonburg Men's Community Corrections Alternative Program. The agreement is renewable. The Auditor was able to review MOUs dating back to 2014 and the annual renewal of the agreement from 2015 through the current contract that expires in 2023. Compliance Determination: Probationer victims at HCCAP can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Action Alliance of Richmond, Virginia, to provide support to victims (Indicator (c)). Action Alliance is part of a Coalition of Sexual Assault and Domestic Violence Services. As part of the audit process, the Auditor spoke by phone to an Action Alliance representative, who confirmed their ability to provide service at DOC facilities. The agency Investigator knew about the importance of offering the support of Action Alliance and its affiliates during the investigation. The PREA Brochure and signage at the facility had a toll-free number for Probationers to access from the unit phone in the facility. Requirements for compliance with this standard are covered by agency policy OP 038.3 Prison Rape Elimination Act. In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the probationer's knowledge of accessing services. Probationers could identify how confidential the communication is within the facility, including mail and telephone contacts. Probationers knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see on the tour posters for the Action Alliance.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Policy OP 038.3 Prison Rape Elimination Act Virginia DOC Website (third-party reporting)

PREA Posters on Housing units

information of the PREA report Hotline

forms for third-party reporting

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Random Staff Interviews

Observation on tour

Summary Determination

Indicator (a) The Virginia Department of Corrections has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow Probationers, family, or friends. Information can be given in person, by phone, email, US mail, or by contacting the agency PREA Coordinator through the agency website VADOC.Virginia.Gov. There is information directing Probationers in the PREA brochure, PREA poster, and on the website noted above. The staff was aware that they must take all reported concerns about PREA potential violations, including third parties. The facility phones allow Probationers to dial out to the advocates free of charge. The agency PREA policy addresses the standard, "Third parties including other offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of offenders.

a. If a third party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf, as a condition of processing the request. The alleged victim will also be required to pursue any subsequent steps in the administrative remedy process personally.

b. If the offender declines to have the request processed on their behalf, facility staff must document the offender's decision.

c. Contact information on how to report sexual abuse and sexual harassment on behalf of an offender is provided on the DOC public website."

The HCCAP has had no reported third-party reporting of sexual misconduct concerns. Signage in the facility, information in the probationer handbook, and the website supported informing individuals about third-party reporting. The Auditor recommended the facility increase the signage in the visiting area even though every visitor is offered PREA information upon entry.

	Compliance Determination: Virginia Department of Corrections has put in place multiple resources for Probationers and families to report a PREA-related concern. The PREA Office is responsible for fielding all calls and emails, including third-party sources. As part of the audit process, the PREA Auditor tested the unit Phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems VA DOC has put in place to support the probationers. Random staff interviews further supported compliance as they knew they needed to report all third-party complaints regardless of source. The probationers interviewed confirmed they could report a PREA concern on behalf of another resident. Finally, the Auditor considered the options listed on the state's website for filing a PREA Complaint and the annual report delineating the number of calls by region and facility.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 038.1 Reporting Important or Serious Incidents OP 038.3 Prison Rape Elimination Act OP 730.2 MHS Screening, Assessment and Classification OP 801.6 Offender Services Virginia Department of Social Services Website Virginia Laws on vulnerable adults- State Website Memos confirming no reports Individuals interviewed/ observations. Random Probationers Random Staff Superintendent

Medical Staff

PREA Compliance Manager

SIU and Facility Investigators

Summary determination.

Indicator a). The Harrisonburg Community Corrections Alternative Program has trained its staff and contractors on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. Several policies direct staff on such expectations. PREA policy OP 038.3 utilizes the language of the standard to set forth this expectation. It reads, "Any employee, volunteer, or contractor shall immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DOC; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

Policies 730.2 and 038.1 also address the requirements of this standard. "G. Reporting of Sexual Misconduct

1. Any employee, volunteer, or contractor must 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. §115.61[a], §115.261[a])

2. Any employee, contractor, or volunteer must immediately report to their supervisor or the officer in charge any knowledge, suspicion, or information regarding an incident of retaliation against inmates, probationers/parolees or employee/contractor/volunteer 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 will 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])"

Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations no matter the source or their personal beliefs as to the validity of the claim. Lacking any allegations, the Auditor could not review any incident reports to support compliance. The facility Investigator described a case where he was called in from home to review a potential PREA concern.

Indicator b). The Department of Corrections policy OP-038.1 Reporting Important or

Serious Incidents (page 5) states, "Apart from reporting to designated supervisors or officials, any information related to a sexual abuse report shall not be revealed to anyone other than to the extent necessary, as specified in operating procedures, to make treatment, investigation, and other security and management decisions." Random staff interviewed were able to voice their expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence. The Auditor asked the random staff about the description of first responder duties. Nonsecurity staff employed by the department are also trained on how to respond to sexual abuse allegations.

Indicator c). Medical and mental health services providers in Virginia have a duty to report incidents of sexual abuse, sexual harassment, or information that would prevent such actions. Policy OP 730.2 states, "Before beginning the Sexual Assault Assessment, the QMHP will advise the offender of the practitioner's duty to report, and the limitations of confidentiality and that such information may be available to the facility administration in the context of an investigation in accordance with Operating Procedure 730.6, Mental Health Services: Confidentiality". The Auditor confirmed with medical staff that Probationers are made aware of the limits of confidentiality. Random probationers were asked if they understood the limits to confidentiality when speaking to medical or mental health staff. The probationers acknowledged they understood that if the information was related to the potential risk to them or another individual, the information would be disclosed to facility investigators

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Indicator d). The Harrisonburg Community Corrections Alternative Program does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the State Department of Social Services. The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that there are additional charges that may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various Virginia websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Superintendent confirmed that no case in the last 12 months had to be reported to the Department of Social Services.

Indicator e). The Superintendent, PREA Compliance Manager, and facility Investigator confirmed that all allegations of sexual misconduct are reported to the facility's investigator to initiate an investigation of the claim. If information supports that a criminal act has occurred, the agency's Special Investigation Unit is then involved. PREA policy, as described in indicator a) supports that all allegations are referred for investigation. The Auditor also reviewed the facility's PREA response

	plan, which requires the immediate notification of investigators upon reports of sexual abuse. The Auditor also spoke with the facility investigator and an SIU agent about how they get notified and respond to cases. Compliance Determination: The Virginia Department of Corrections has put in place policies that support the expectations of the standards. The language is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The Harrisonburg Community Corrections Alternative Program staff and probationers have been educated on reporting expectations and that all claims, no matter the source, will be investigated. Probationers and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical or mental health setting. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor's interviews supported a staff that is well-trained in the expectations of the standard. Absent an allegation, compliance was based on policy and interviews.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 038.3 Prison Rape Elimination Act OP 720.2 Medical Screening, Classification, and Levels of Care OP 940.4 Community Corrections Alternative Program. Memo of no reported incidents Individuals interviewed/ observations made. Director of VA Department of Corrections Superintendent Random Staff

Summary determination.

Indicator a). The Department of Corrections has at its resources several options to ensure the safety of a probationer who is at imminent risk of sexual abuse. Policies set expectations. "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." (OP038.3). An allegation of imminent risk requires "the QMHP will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an offender when it is determined that the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization." The expectation of reporting is also covered in the healthcare policy OP730.2, "The Psychology Associate will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined that the inmate is subject to a substantial risk of imminent sexual abuse, or is considered

at risk for additional sexual victimization.." The agency's policy OP 940.4 Community Corrections Alternative Program supports a planned process for reviewing the alleged concern. "Probationers/parolees who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization must be referred to the Psychology Associate who will immediately consult with the Facility Unit Head or designee and recommend housing interventions or other immediate action to protect the probationer/parolee." Random staff interviewed noted the responsibility to keep a probationer safe from potential abusers until the investigative team can arrive to further review the situation. The facility Superintendent confirmed there were no cases of imminent risk in the past year. As noted previously, the facility can recommend a negative discharge if a probationer shows any sexual aggression.

Compliance Determination:

The Virginia Department of Corrections has in place both policy and appropriate resources to keep safe individuals at imminent risk of sexual abuse. As outlined in indicator a), several policies direct steps to be taken to protect such individuals from sexual abuse. The Director and the Superintendent support the expectation that the response will be immediate upon learning of any Probationer at imminent risk. The HCCAP does not use special management units. It does have temporary holding cells to put aggressive individuals in until transportation can be arranged. The Superintendent confirmed the ability to remove aggressors from the facility. Though HCCAP has not had to use this process for individuals at imminent risk, the Superintendent is confident in his ability to maintain the safety of a probationer. The

	policies and Interviews completed supported the ability of Harrisonburg Community Corrections Alternative Program staff to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has been met based on these factors.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 038.3 Prison Rape Elimination Act OP 030.4 Special Investigations Unit Memo confirming no reports to or from other institutions Individuals interviewed/ observations. Interview with PREA Coordinator Interview with Superintendent Summary determination. Indicator a). The Harrisonburg Community Corrections Alternative Program administration, PREA Compliance Manager, and Investigator are all aware that Probationers who report abuse at prior institutions will have the complaint forwarded by the Superintendent to the previous facility's head. VA DOC PREA Policy OP 038.3 (page 9) states the following: "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. i. The Organizational Unit Head or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. ii. Notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. iii. The Organizational Unit Head or designee must document that it provided such notification."

The Auditor confirmed through interviews with the above individuals that if current HCCAP Probationers claimed abuse occurring in another facility (including ones outside the control of the DOC) the facility will be notified to allow an appropriate investigation to occur. The Regional PREA Analyst also confirmed that the DOC PREA/ADA unit would be notified. The Auditor was informed that there were no such cases in the past 12 months. The OAS document did state one, but the auditor confirmed this was in error with the regional analyst who confirmed that the Superintendent's memos on no allegation of abuse at other institutions were received.

Indicator b). As noted in Indicator a), the Virginia Department of Corrections policy requires notification within 72 hours after the facility becomes aware of the alleged crime. The Superintendent of Harrisonburg Community Corrections Alternative Program was aware of the timeframe and the expectation required of him to notify the leadership of the facility where the crime is alleged to have occurred.

Indicator c). The reported practice is that phone call notifications are followed up with email notifications and appropriate documentation to support any investigation. The Superintendent confirmed that this would be his process if a Probationer were to report abuse at a past institution.

Indicator d). In Policy OP 038.3 Prison Rape Elimination Act (page 9), the DOC sets forth the requirement of the initiation of an investigation if the Superintendent receives an allegation from another institution. "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." The Superintendent of Harrisonburg Community Corrections Alternative Program is aware of this requirement. No such allegation was made or received that required the Investigators to be notified. Interviews with these individuals support that their response would be immediate.

Compliance Determination:

The Auditor finds the facility to be compliant with the standards' expectations. The Superintendent and the DOC Director are clearly committed to ensuring that each probationer's allegations are thoroughly investigated. The Superintendent was aware of the timeliness requirements for notifications. Since no probationer in the population reported abuse at another institution or a former probationer made abuse claims at HCCAP, the Auditor had to make his determination based on policy and interviews.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire OP 030.4 Special Investigations Unit OP 038.3 Prison Rape Elimination Act HCCAP PREA Response Plan PREA Training Materials Individuals interviewed/ observations. Random Staff Medical Staff Summary Determinations: Indicator a). The PREA policy OP 038.3 of the Virginia Department of Corrections sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy states, "Facility Staff Responsibilities. 1. Upon learning of an allegation that an offender was sexually assaulted or abused, the first security a staff member to respond to the report will be required to: a. Separate the alleged victim and abuser to ensure the victim's safety. b. Notify the OIC and preserve and protect the crime scene until appropriate steps can be taken to collect any evidence and. c. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence d. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. e. If the first staff responder is not a security staff member, the responder will be

	required to ensure the victim's safety, request that the alleged victim not take any actions that could destroy physical evidence such as showering, eating, brushing teeth, or drinking until after evidence collection, and notify the OIC." The Auditor reviewed Policy 030.4 Special Investigation Unit and found similar language describing the expectations of a first responder to a sexual abuse situation. Interviews with random staff supported the idea that they were trained in the expectations of the first responder's duties. The staff was able to provide steps they would take consistent with the policy statement above and the training materials reviewed as part of 115.131. No security staff had to respond to a sexual assault incident in the past year. Indicator b). Interviews with Case management staff, Vocational staff, and medical staff confirm they were aware of how to protect evidence and act as a first responder. DOC trains all staff in the facility according to the expectations of the first responder. Non security staff and contracted staff are provided the same training that the DOC staff receive annually. Training records and their ability to state the first responder's duties support an understanding of how to protect the Probationer and the evidence. No non-security staff member has to respond to a sexual assault allegation. Compliance Determination: The facility did not have any custody staff available who had acted as a first responder to a sexual abuse case in the past 12 months. One staff member did make initial steps to separate individuals in what was later determined to be a consensual contact incident. The facility determined that the actions were not criminal, but the individuals did violate agency policy and were referred for discipline. The random staff interviewed support that they have an understanding of the facility's efforts to protect Probationers who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on Probationers until a Sexual Assault Nurse Examiner can see them. All Staff also knew the importance of thorough documentation of the incidents and maintaining confidentiality about the incident, except for those staff who ensure care and support the investigative process. The Auditor based the determination of compliance on the policy in place, the documents supporting the process, and the interviews with staff.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire

Harrisonburg Community Corrections Alternative Program PREA Response Plan

The VA DOC PREA Response Checklist

OP 075.1 Emergency Operations Plan

OP 038.3 Prison Rape Elimination Act

Individuals interviewed/ observations made.

Superintendent

Major

PREA Coordinator

Summary determination.

Indicator a). The Virginia Department of Corrections has put language into the agency's Emergency Plan and PREA policies. Each policy requires the agency's Correctional facilities to have an operational plan that defines individuals' role in the institution in responding to a sexual assault incident. Policy OP 038.3 states, "Each Facility Unit Head or designee will develop a written plan to coordinate the actions taken staff by first responders, medical practitioners, Mental Health Clinicians, investigators, and facility leadership in response to a sexual abuse incident; see Sexual Assault Response Checklist 038_F6" The PREA policy and the agency PREA response checklist provide facilities direction in the development of a plan. The Auditor reviewed the 7-page plan, which discusses the roles of the first responder, the responding supervisor, and the investigators. Medical and Mental Health staff will be called from HCCAP if they are not on site. The procedure also requires notification by the shift Commander to the Administrator on Duty, the Investigator, and the PREA Compliance Manager. The document also states when the Superintendent and the PREA Coordinator's Office are to be notified. The step-by-step plan provides staff with direction during the crisis and, when accompanied by the response checklist, allows for a thorough and consistent response to a sexual assault incident. The supervisory staff knew of the steps to be taken and that they were to use the checklist to ensure all aspects of the plan had been enacted.

Compliance Determination:

The Auditor has reviewed the policies and the Harrisonburg Community Corrections Alternative Program PREA Response Plan to determine compliance. The plan

	provides direction for a consistent multi-disciplinary response to the sexual assault, which provides for the probationer victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The plan is available to supervisory staff, and interviews with the Superintendent and PREA Compliance Manager support swift communication between all facility leadership levels and quick notification and support from the agency's PREA/ADA office. Interviews, policies, and the documents presented to support the facility is compliant with standard expectations.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Virginia Code §40.1 OP 135.1 Standard of Conduct Individuals interviewed/ observations. Interview with Superintendent Interview with PREA Coordinator Interview with random staff Summary Determination; Indicator a). The Auditor was provided information from the DOC Operations Manager supporting that there is no collective bargaining. The documentation quotes state law: " Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.". To further support the Department of Corrections' ability to protect the Probationer victim from an alleged staff abuser, the Auditor reviewed OP 135.1 Standards of Conduct. In this policy, the DOC sets forth the ability to place an employee on administrative leave during an investigation. "Pre-Disciplinary Leave - Leave with pay to be used when disciplinary action is being considered and the

	employee's removal from the workplace is necessary or prudent because of their continued presence (i)may be harmful to the employee, other employees, Probationer/probationer/parolees; (ii)makes it impossible for the DOC to conduct business; (iii)may hamper an internal investigation into their alleged misconduct; (iv)may hamper an investigation being conducted by law enforcement; or (v)may constitute negligence in regard to the agency's duties to the public or other employees." The Auditor was also informed that agency policy ensures staff sexual harassment allegations the parties will be separated during the investigation. The HCCAP has not had to place an employee on administrative leave during an investigation. The Superintendent confirmed his capacity to remove staff, contractors, or volunteers during an investigation of misconduct. Indicator b). The Auditor is not required to review this provision. Compliance Determination: The Auditor has confirmed that the Harrisonburg Community Corrections Alternative Program does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard expectations. This conclusion was based on the VA. State Code, the DOC policy supporting the separation of victims from alleged staff, and interviews with facility and agency leadership.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy – 038.3 Prison Rape Elimination Act Policy – 075.7 Critical Incident Peer Support Team Policy – 135.2 Rules Governing Employee Relationships with Offenders

Retaliation Monitoring forms for staff and Probationers

Memo confirming no instances of monitoring.

Individuals interviewed/ observations.

Interview with PREA Compliance Manager

Interview with Superintendent

Summary determination.

Indicator a). The Virginia DOC PREA policy OP 038.3 states, "All staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff." The policy language ensures a process for protecting those who report or participate in an investigation of a PREA incident. The policy identifies the individual responsible for monitoring these individuals at a facility level. The policy states, "For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and will act promptly to remedy any such retaliation." The Auditor confirmed with the PREA Compliance Manager, the Major, and the Superintendent as the individuals responsible for monitoring Probationers and staff at Harrisonburg Community Corrections Alternative Program.

Indicator b). Virginia DOC policy OP 038.3 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. "Multiple measures are available to protect staff and offenders from retaliation; such measures include housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." An interview with agency and facility leadership confirms the agency's commitment to ensuring the safety of clients who file a PREA complaint. The Auditor confirmed with individuals that the PREA Compliance Manager and the Major come to the units. The Auditor was not able to review any monitoring as there have been no incidents.

Indicator c). Consistent with the standard expectation, the DOC policy requires

monitoring to be for at least 90 days. The Policy states, "For at least 90 days following a report of sexual abuse, the PREA Compliance Manager or other designated facility staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff and will act promptly to remedy any such retaliation.

a. Items to be monitored include any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff.

b. The PREA Compliance Manager must continue such monitoring beyond 90 days if the initial

monitoring indicates a continuing need.

2. In the case of offenders, such monitoring will also include periodic status checks."

The Auditor confirmed the requirements of this indicator with facility leadership. The supporting documentation in the retaliation monitoring forms shows that the monitoring should continue for periods of at least 90 days unless the Probationer has left the facility.

Indicator d). As noted in indicator c), the monitoring will include periodic status checks. Interviews with the facility's PREA Compliance Manager and the Superintendent confirmed they would meet individuals regularly and offer to arrange mental health services even if the victim initially refused such support. The Senior Probation Officer (PCM) described the other elements to look at as symptoms of retaliation.

Indicator e). As noted in indicator b), the protection measures would include steps taken to protect staff who cooperate in an investigation on PREA. The Agency policy OP 075.7 Critical Incident Peer Support Team defines additional staff support. The Policy states, "Employees who fear retaliation for reporting or cooperating with investigations into sexual abuse or sexual harassment and are in need of or request emotional support services should be referred to the Employee Assistance Program (EAP)." The Superintendent confirmed that he or the major would be regularly viewing the performance and interactions of staff who cooperated in an investigation to ensure there was no retaliation. He was able to describe things he would be looking for as potential retaliation symptoms. The Senior Probation Officer's office is in the housing unit building, which allows for direct observation of residents and the ability to hear conflicts.

Indicator f). The Auditor is not required to consider this indicator

	Compliance Determination: The Auditor was provided with a policy that matches the standard expectations. The documentation provided showed that the process described in the policy has been operationalized. Interviews with the Director of the Department of Corrections and the Superintendent support the expectation of protecting individuals from retaliation. Absent an actual case of monitoring, the Auditor considered that probationers confirmed they have routine access to the PREA Compliance Manager and the Major, and support they routinely are in the facility. The PCM and Major were aware of the expectations in monitoring for retaliation. The Auditor took into consideration policies, supporting documentation, interviews with agency and facility administration, with the PREA Compliance Manager, and Probationers. The culmination of these factors supports compliance with the standard's expectations.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy OP 038.3 Prison Rape Elimination Act Policy OP 030.4 Special Investigations Unit Sexual Assault Response Plan Investigative matrix SIU and facility Investigator Training Superintendent Memo – no allegations Individuals interviewed/ observations made. Interview with Agency PREA Coordinator Interview with Regional PREA Analyst Interview with PREA Compliance Manager Interview with Warden

Interview with an Investigative Staff

Summary Determination

Indicator (a) The Virginia Department of Corrections has trained law enforcement staff, and as such, the agency is responsible for both criminal and administrative investigations. In policies OP 038.3 and 030.4, the agency set forth the responsibilities of the investigative team, including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken, as well as the reasoning behind the findings. The policy states, "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." The facility investigator will make an initial assessment of the situation. "Unless the facility investigator quickly and definitively determines that the allegation is unfounded, allegations of sexual abuse or sexual harassment shall be referred for investigation to the DOC Special Investigations Unit, which has the legal authority to conduct criminal investigations." Random staff interviewed supported the idea that they must report all claims, no matter the source or if they believe the incident to have occurred. Interviews with the facility investigator and a special investigative unit (SIU) staff confirmed that all allegations are reviewed. The facility Investigator reports there have been no allegations of sexual abuse at HCCAP in the past year. In discussions, it was disclosed he was called to the facility when staff found two residents together. Neither probationer made allegations of abuse, and the investigation determined the event was consensual, resulting in discipline for violation of institutional rules.

Indicator (b) The Virginia DOC reports they employ 24 approved criminal investigators. Harrisonburg Community Corrections Alternative Program has a staff-trained member who would be required to respond to sexual assault complaints to protect and collect evidence. The Administrative Lieutenant is trained and would complete administrative investigations. The facility Investigator and the SIU representative confirmed that they would respond immediately to allegations of sexual misconduct. The Auditor reviewed the documentation on the one incident that was investigated with the Lieutenant. The Auditor suggested that formal Investigation reports be completed even if they determined the incident not to be a sexual assault. He described how he is noticed by the facility when an allegation occurs and the steps to be taken. The facility investigator supports the process as objective and does not enter with any preconceived notion based on an individual's position as a staff member or inmate in determining the outcome. He reports that he bases his findings on factual information and the statements of individuals involved and witnesses. The Auditor was able to go through materials in the file get an understanding of the process consistent with the agency policy expectations. The interview with a representative SIU investigator provided further consistency with the department's expected investigative process.

Indicator (c) The facility Investigator has been trained on protecting and collecting evidence from a crime scene to ensure the preservation of evidence, including DNA. They will work with the assigned Special Investigations Unit staff in criminal cases. The Virginia DOC trains all line staff to preserve evidence, including locking of potential crime scenes and encouraging the victim not to do anything that would potentially degrade the quality of the DNA evidence. As noted in 115.21, forensic exams of the victim would not occur at HCCAP but at a local hospital with SANE-trained nurses. The investigators confirmed they would interview the victim, the alleged perpetrator, and the witness routinely as part of the investigation. The investigation policy (030.4 page 11) states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." Investigators supported they will review videos, listen to phone calls, and will look at past behaviors/allegations as part of the review.

Indicator (d) The SIU investigator supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 030.4 describes the expected interactions with the prosecutorial authorities (page 11). "When the quality of evidence appears to support a criminal prosecution, the agency will conduct compelled interviews only after consulting with the Commonwealth's Attorneys as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." The SIU investigator spoke with confirmed that they will have regular contact with the local prosecutor before having a compelled interview.

Indicator (e) The investigator interviewed confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what the policy requires (030.4). "The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate/probationer/parole or staff. No agency will require an inmate/probationer/parole who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation." Investigators discussed the consistency of statements and how statements compare with video evidence before considering past allegations/incidents. They confirmed an individual's status as staff or inmate is not used to determine the validity of statements.

Indicator (f) All criminal investigations potentially can include a referral for an

administrative review if the evidence supports that a staff person's actions or inactions led to an inmate-on-inmate sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All completed administrative investigations must have a related investigation file, which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. The facility's investigator completes an initial assessment to determine if there were potential criminal acts and to identify administrative concerns that would warrant further investigation. The investigator would review the staff's actions or inaction that led to the reported abuse. Policy 030.4 sets forth the requirement of administrative investigation to assess staff actions. "Must include an effort to determine whether staff actions or failures to act contributed to the abuse."

Indicator (g). All criminal investigations the SIU investigator completes result in a written report as required in the agency's related policies. The Administrative investigative files would also reportedly include documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All files would have an investigation checklist to allow for the tracking of information obtained. Agency policy defines expected reporting requirements for administrative investigations.

"K. Administrative investigations (§115.71[f], §115.271[f])

1. Must include an effort to determine whether staff actions or failures to act contributed to the abuse.

2. Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy 030.4 Special Investigations Unit (page 11) states, "When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. " The Policy goes on to state, "Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution." This expectation was confirmed in the interviews with investigative staff.

Indicator (i) The Virginia Department of Corrections' record retention requires a greater retention period than 5 years beyond the separation of the parties from the institution. This was confirmed through the investigator's interview. Policy O38.3 defines the requirements consistent with the standard "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." The HCCAP Superintendent or Major would keep all investigative files in the Department's restricted-access electronic system and other supportive documents in their secure offices

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The investigation policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." The SIU staff are trained law enforcement officers, as defined by the state of Virginia, with full police authority to go outside the institution to continue to pursue information related to the case.

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) This indicator does not apply as noted above; the Virginia DOC has full authority to complete criminal investigations in its facilities.

Compliance Determination.

The Virginia Department of Corrections requires all incidents to be investigated promptly upon notification to staff. The agency's PREA policy and Investigative policy require prompt investigations of sexual abuse and sexual harassment in VA DOC facilities. In determining compliance, the Auditor took into consideration many factors. The Harrisonburg Community Correctional Alternative Program and the VA DOC have sufficient and appropriately trained individuals who can complete sexual assault investigations. Virginia DOC investigates all potential sexual-related incidents as possible PREA events, even if the inmates report the actions were consensual. Investigative files reviewed include cases initiated through staff reports, inmate reports, and third-party reports of potential sexual misconduct. In doing so they ensure all incidents are investigated and evidence collected, which provides an opportunity for a reluctant victim to come forward later.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated that

	investigative reports would be completed on all administrative and criminal investigations. Compliance was based on policy, document review, and interviews.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Program Pre-Audit Questionnaire Policy OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders Policy OP 940.4 Community Corrections Alternative Programs Memo confirming preponderance of the evidence as deciding factor Individuals interviewed/ observations made. Interview with Investigator Summary determination. Indicator (a) Virginia DOC Policy OP 135.2 Rules of Conduct states, “A preponderance of the evidence will be adequate in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The facility investigator confirmed this standard. The Superintendent also confirmed the expectation for determining whether allegations of Sexual Assault or Sexual harassment occurred. Compliance Determination The HCCAP has had no incidents in the past year that has required a criminal investigation. The only administrative investigation to occur in the year prior began the day before the site visit and had not concluded. The Department of Corrections has staff trained in the investigation of Sexual Assaults at the state Correctional facilities, as noted in 115.34. Policy OP 940.4 Community Corrections Alternative Programs echoed the sighted policy language in OP135.2 that preponderance of the evidence is to be the measure by which investigations are to be substantiated. The Auditor confirmed the process for a criminal case and the process for an administrative investigation, including how determinations are made in the case. Compliance was based on the policies and the facility and state Investigative staff interview.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Community Corrections Alternative Pre-Audit Questionnaire OP 030.4 Special Investigations Unit OP 038.3 Prison Rape Elimination Act Memo on no allegation Individuals interviewed/ observations. Interview with the Facility Investigator Interview with the PREA Compliance Manager Summary determination. Indicator (a) Virginia DOC provides notification to all Probationers on the outcome of their investigations into sexual misconduct, including sexual harassment cases. The agency policy OP 030.4 Special Investigations Unit page 11 requires "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." The PREA Policy has similar language: "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." At Harrisonburg Community Corrections Alternative Program, the outcome of all investigations is reported to the Probationer by the investigator or the facility PREA Compliance Manager. Indicator (b) This indicator does not apply as Virginia DOC completes criminal and administrative investigations at all DOC facilities. Indicator (c) The policy OP 038.3 Prison Rape Elimination Act uses language consistent with this standard indicator to define the information that must be

notified to the Probationer victim. The policy states “. “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:

- 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.”

The Auditor confirmed there were no required notifications made to Probationers at Harrisonburg Community Corrections Alternative from incidents of sexual misconduct.

Indicator (d) The policy language in OP 038.3 covers the required notification for a probationer-on-probationer sexual abuse case. “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:

- i. The allegation has been determined to be unfounded
- ii. The allegation has been determined to be unsubstantiated
- iii. The DOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility
- iv. The DOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

By practice, the Harrisonburg Community Corrections Alternative will notify probationers in writing on the outcome of both sexual abuse cases and sexual harassment cases. The Virginia Department of Corrections has form letters for each outcome. The Facility PREA compliance Manager was aware of the need to ensure notifications on any indictment or conviction.

Indicator e). The Harrisonburg Community Corrections Alternative would provide each probationer with a written letter on the outcome of their investigation.

	Compliance Determination: The Virginia Department of Corrections has implemented policies and practices to ensure all allegations are investigated. The Agency requires written notification of the investigation outcomes if the allegation includes staff, if they are in a no-contact position or no longer at the facility, and substantiated cases of criminal conduct if the perpetrator was indicted or convicted. The Auditor finds the facility in compliance with the standard based on policy, documentation, and interviews. HCCAP has had no cases, so there were no case files to review.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Men’s Community Corrections Alternative Program Pre-Audit Questionnaire OP 135.1 Standards of Conduct OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders Memo confirming no discipline Individuals interviewed/ observations made. Interview with Human Resources Interview with Superintendent Interview with Investigator Summary determination. Indicator a). The Virginia Department of Corrections has policies that govern staff conduct and sanctions for violation. OP 135.2 Rules of Conduct governing Employee Relationships with Offenders (page 5) states: “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.” The Auditor has learned that Group III violations are considered the most severe offenses. Human Resource staff and the Department of Corrections Director confirmed that staff can be terminated for such actions without having to go through progressive levels of

discipline.

Indicator b). The DOC policy OP 135.2 states, "Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse." As noted in indicator a), the Auditor confirmed with the Human Resources staff that employees would be terminated for engaging in the sexual abuse of a probationer. There were no incidents of staff being terminated in the last 18 months from Harrisonburg Men's Community Corrections Alternative Program for sexual abuse of a probationer. The policy confirms staff who engage in sexual acts with probationers will be charged with a felony in addition to the termination.

Indicator c). The Virginia Department of Corrections policy OP 135.2 states, "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." The Superintendent reported there were no incidents of staff who have been disciplined for sexual harassment of probationers. Policy 135.2 goes on to describe in detail prohibitions on fraternization or non-professional association with current or former Probationers.

Indicator d). Virginia Policy OP135.2 states, "All terminations for violations of VA DOC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies. 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." As noted in 115.71, the Harrisonburg Community Corrections Alternative Program has access to a criminal investigator who is considered law enforcement in the state of Virginia with full powers of arrest. The SIU Agent confirmed the power to pursue the investigation outside the institution if a probationer has been released or if a staff person quits before being terminated. The facility administration confirmed that staff or contractors who have licenses would have the misconduct reported to the governing body responsible for their licenses.

Compliance Determination:

The Virginia Department of Corrections has the appropriate resources to fully investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has the ability to terminate staff for first offenses of sexual abuse of Probationers. The Virginia Department of Corrections has policies in place, and

	interviews with the human resource staff, the criminal investigator, and the superintendent further support compliance. All individuals support that sexual abuse by staff would lead to termination and criminal charges being filed. Since the facility has not disciplined a staff member, there was no file to review.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men’s Community Corrections Alternative Program Pre-Audit Questionnaire OP 027.1 Volunteer and Internship Program OP 135.2 Rules of Conduct Governing Employee Relationships with Offenders Memos from the Superintendent Individuals interviewed/ observations. Interview with facility and SIU Investigators Interview with PREA Compliance Manager Interviews with Contractors/Volunteers Summary determination. Indicator a). The Virginia Department of Corrections has trained contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of an inmate. Interviews completed with both contractors and volunteers support the idea that they were aware of the standard of conduct, including that individuals who engage in such misconduct can be immediately barred from access to the institution and may be referred for criminal prosecution based on the type of misconduct. Agency policies OP 027.1 and OP 135.2 state, “Any contractor or volunteer who engages in sexual abuse of Inmates must be prohibited from contact with Inmates and must be reported to any relevant licensing bodies by the DOC PREA Coordinator and law enforcement agencies unless the activity was clearly not criminal. The Department of Corrections will take appropriate remedial measures

	and will consider whether to prohibit further contact with offenders in the case of any other violation of DOC sexual abuse or sexual harassment policies by a contractor or volunteer. The Investigator confirmed, as noted in 115.71 that the governing body would be notified if the contractor or volunteer is a licensed professional. In the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates. Memos from the Superintendent support there have been no sexual abuse cases at HCCAP. Indicator b). As noted in indicator a), non-criminal violations of the agency's standard of conduct would have to be reviewed by facility management before the individual can regain access to the facility. Policy on volunteer and interns OP 027.1 (page 12) stated, "In the event of any other violation of agency sexual abuse or sexual harassment policies by a volunteer the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders." There have been no allegations against any contractor or volunteer in the past 18 months that would require. The Superintendent would review the investigation to determine if identified violations of sexual abuse or sexual harassment policy (outside sexual abuse) required the individual to not have access to inmates. In the interview, the Superintendent confirmed the ability to halt access to contractors or volunteers during an investigation and prohibit further access to the facility for those who violate expectations. Compliance Determination: The Virginia Department of Corrections has sufficient policies to ensure that if a victim or contractor engages in sexual misconduct, the case will be investigated, the inmate will be protected by halting the alleged perpetrator's access to the facility, and notifications will be made to the appropriate licensing bodies. Policy language also informs individuals about criminal charges that may result from sexual misconduct. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Supporting the information provided, the Auditor took into consideration the training and interviews with contractors and volunteers who were aware of the consequences of engaging in sexual harassment or sexual abuse of inmates. The individuals the Auditor spoke with understood that individuals could be banned from access and risk prosecution based on the type of misconduct engaged in. Compliance absent a disciplinary case is based on policy and interviews.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Harrisonburg Men's Community Corrections Alternative Program Pre-Audit Questionnaire

Policy OP 038.3 Prison Rape Elimination Act

Policy OP 820.1 Probationer Case Management

Policy OP 861.1 Offender Discipline, Institutions and Operating Procedures

Policy OP 940.4 Community Corrections Alternative Programs

Probationer HCCAP Handbook

Individuals interviewed/ observations made.

Interview with the Regional PREA Analyst

Interview with the Superintendent

Interview with the PREA Compliance Manager

Summary determination.

Indicator a). The Virginia Department of Corrections allows for the discipline of Probationers who engage in sexual misconduct as defined by the agency. OP 038.3 Prison Rape Elimination Act states, "Sexual harassment, assault, and abuse by incarcerated offenders is prohibited and subject to disciplinary action per Operating Procedure 861.1, Offender Discipline, Institutions, and Operating Procedure 940.4, Community Corrections Alternative Program, and may result in criminal charges." The Auditor also reviewed policy 861.1 to confirm that sexual assault is considered one of the most serious charges a Probationer can have in the facility. The policy, on page 18, clarifies that discipline is separate from the criminal case against them for such actions. "The offender disciplinary process, as described in this procedure, is an administrative process that is separate and independent from the criminal justice system. An offender may be held accountable for a violation of the Code of Offenses through this disciplinary process and may also be criminally prosecuted for the same offense." All Probationers complete, as part of orientation, a review of the Discipline policy of the Virginia DOC, which they must sign. The information on the code of conduct (pages 28-32) of the HCCAP Probationer Handbook ensures they have access to information about expectations and potential consequences for sexual misconduct. There were zero cases of Probationers being disciplined for any form of sexual misconduct.

Indicator b). Virginia DOC expects probationer discipline to be consistent to the severity of the allegation and be similar to other Probationers with similar histories. Policy OP 861.1 Offender Discipline, Institutions, and Operating Procedures states, "In determining the appropriate penalty, consideration shall be given to the nature and circumstances of the offense committed, the offender's disciplinary history, and the penalty imposed for comparable offenses committed by other offenders with similar histories." There was no discipline of Probationers at HCCAP to review in the past year.

Indicator c). Two Policies address the indicator's concerns. In policy OP 861.1 it defines steps required to be taken if the Probationer who is the potential subject of discipline, had a mental disability or illness. The policy defines the steps the committee must take before having a disciplinary hearing. Actions include having the probationer's case reviewed by a Qualified Mental Health Professional (QMHP) who can provide a clinical impression of the client, the ability to understand their actions or the hearing process, and how actions such as specialized housing may impact their lives and their institutional stay. Policy OP 940.4 Community Confinement Programs, further addresses mental health in determining appropriate sanctions. "Consideration must be given to whether a mental disability or mental illness contributed to the probationer's/parolee's behavior when determining what type of sanction, if any, should be imposed." The Superintendent confirmed that mental health input would be sought for individuals with mental health or cognitive concerns. Most sexual activity can cause a probationer to be removed from the program as a Category 1 offense. The HCCAP does not use Specialized Housing Units as a consequence for discipline. The facility has cells that can be used for temporary emergency holding while awaiting transportation, but logs of the area confirm they are not used for any extensive periods.

Indicator d). Clients at HCCAP can receive individualized counseling on the underlying causes of their sexual misconduct. The facility does not have a specific program for sexual offenders, as the program is a Community Confinement Program. If individuals commit sexual offenses at HCCAP, the likely outcome would be discharge or transfer to a higher-level facility.

Indicator e) Agency policy does not allow for the discipline of Probationers who engage in sexual contact with a staff member unless it is proven the staff did not consent.

Indicator f) Virginia DOC PREA policy OP 038.3 defines when a probationer can and cannot be disciplined for filing a PREA complaint in bad faith. The policy states, "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. Offenders will not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. 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.” There have been no cases in the last year. Agency policy (OP 940.4) describes the process to ensure only those reports purposefully filed in bad faith are disciplined. “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred must not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility may discipline a probationer/parolee for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the probationer/parolee filed the grievance in bad faith. The facility may discipline a probationer/parolee for sexual contact with staff only upon a finding that the staff member did not consent to such contact..”

Indicator g) Harrisonburg Community Corrections Alternative Program does not allow consensual sexual contact between Probationers. Probationers spoken with understood that such behavior might result in disciplinary actions. Policy OP 038.3, the agency's PREA policy, states, “Consensual sexual activity among offenders is prohibited. Offenders who engage in this type of activity will be subject to disciplinary action in accordance with Operating Procedure 861.1 Offender Discipline”. Any sexual activity at the HCCAP will result in serious discipline, including consensual activities between probationers. This is outlined for the probationers in their handbook. The Handbook does clarify that the discipline code does not apply to any sexual act with an employee. The Auditor reviewed an investigation from a year ago in which the individuals were determined to have engaged in sexual contact but it was not considered abuse as they both confirmed the contact was agreed upon. Each of the individuals were charged with institutional violations 105C Engaging in sexual acts with others by consent.

Compliance Determination:

The Virginia Department of Corrections and the Harrisonburg Community Corrections Alternative Program have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors affecting the probationer’s mental health and cognitive capacities. The facility had one incident in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents is done cautiously to not impact the overall population's willingness to report incidents. All probationers are educated about the agency discipline codes at admission. Compliance determination was based on interviews, policies, and supporting

	documents reviewed.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men’s Community Corrections Alternative Program Pre-Audit Questionnaire Policy – OP 038.3 Prison Rape Elimination Act Policy – OP 720.7 Emergency Medical Equipment Care Policy – OP 730.2 MHS Screening Assessment and & Classification Sexual assault checklist Documentation of follow-up services. Memo from Warden Individuals interviewed/ observations made. Interview with Sexual Assault Nurse Examiner Interviews with facility nurse VA SANE Program site. Indicator Summary Determination Indicator (a) The Harrisonburg Men’s Community Corrections Alternative Program has a full-service medical clinic that operates daily. Registered nurses are available 8 hours per day, and on-call medical and mental health practitioners are available after hours. The services are diverse and consistent with community health clinics. Inmates report access to these services if they are in crisis. Medical staff report having medical autonomy if the inmate must go out of the building for emergency services to facilitate that trip. The medical staff states the facility administration is supportive of the work they do, and they work to resolve issues when they arise. In the event of a sexual assault, inmates at HCCAP would go to a Sentara RMH Medical

Center facility which has SANE-trained nurses and availability of support from local rape crisis agencies. The Virginia DOC policy OP 720.7 Emergency Equipment and Care set forth the requirements for access to care for victims of sexual abuse. "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.' Documentation supports no allegations have occurred of sexual abuse in the past year.

Indicator (b) Medical services are available 24 hours per day at the Sentara RMH Medical Center in Harrisburg. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. DOC policy OP 038.3 Prison Rape Elimination Act (page 10) states, "If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, the OIC must immediately notify the facilities designated medical and mental health practitioner." An interview with the nurse confirmed that if the medical staff is not on-site, they will be contacted. There is an on-call system for medical and mental health practitioners.

Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications and STD testing. The Auditor confirmed the same medications would be offered to the inmate again upon return from a forensic exam, even if they initially denied it. Medical staff confirmed they would educate the inmate on the importance of such medications for continued health.

Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Policy OP 720.7 Emergency Medical Equipment and Care (page 8) states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The Harrisonburg Men's Community Corrections Alternative Program clinic would function as the aftercare by providing medical follow-up care and ensuring mental health services are offered. A memo was also provided, which showed that the previous policy language on co-pays in DOC policies had been rescinded.

Compliance Determination:

The Virginia Department of Corrections can quickly respond to emergencies, provide emergency care, and make referrals to local hospitals for forensic services. Each

	DOC facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The Harrisonburg Men's Community Corrections Alternative Program has on-site medical nursing staff 5 days per week and on call. The facility also has on-call providers who can help facilitate referrals to outside medical providers. Health Service will follow the requirements as outlined in several policies. The Auditor confirmed SAFE or SANE capabilities are available at the Sentara RMH Medical Center (approximately 8 miles away) in Harrisonburg, VA. As part of the audit process, the Auditor spoke to a hospital representative to confirm access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any inmate in DOC; this was confirmed not only by hospital staff. The hospital staff confirmed they follow the protocols of the International Association of Forensic Nurses, which support that they offer victims HIV testing, prophylaxis treatments for STDs, and emergency contraception if the inmate is female. Compliance determination took into consideration access to services in the community and the facility, Virginia DOC policies, and information from the interviews completed.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men's Community Corrections Alternative Program Pre-Audit Questionnaire Policy - 720.7 Emergency Medical Equipment and Care Policy - 730.2 MHS Screening Assessment and Care State Website Individuals interviewed/ observations made. Interviews with Medical Professionals Interviews with Mental Health Professionals Interview with SANE Interviews with Rape Crisis Service Providers

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections ensures that all inmates are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Health Care Services staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently, the inmate will be offered a forensic exam through the Mary Washington Healthcare system. If the incident is a prior life event that occurred in another institution or in the community the medical and mental health teams will complete a health assessment and mental health referral for services. If the inmate is more comfortable discussing the abuse with a rape crisis agency staff person a mental health referral can be made to Action Alliance to provide the appropriate level of supportive counseling. Virginia DOC Policy 720.7 states, "The facility will offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility." The facility also provided medical and mental health cases on residents who were involved in allegations of sexual misconduct. Mental Health services are mostly done remotely for residents at HCCAP but would reportedly come on site for incidents of sexual abuse.

Indicator (b) Inmates who are victims of sexual assault in a Virginia Correctional institution are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at a county jail, the inmate, once identified, is referred to mental health staff for follow-up services. If the inmate prefers, they can be referred to the Action Alliance for support services after an incident of sexual misconduct. The Medical and Mental Health staff spoken to confirm, as did the Action Alliance representative, that they would make referrals to ensure continuity of care if the inmate were released home or transferred to another facility. As Action Alliance is Richmond based, they would identify a Rape Crisis Agency near the Harrisonburg Men's Community Corrections Alternative Program to provide the appropriate support services. The Auditor spoke with the local rape crisis organization who confirmed their ability to provide support to victims of sexual abuse.

Indicator (c) As noted in indicator (a), the medical clinic at the Harrisonburg Men's Community Corrections Alternative Program is equivalent to an urban community medical clinic. The facility offers a full array of medical and mental health services. The facility provides mental health services, including counseling, medication management, and, when needed, the extra support of the mental health unit or direct observation room in the clinic space. The supportive care for victims of sexual abuse is equivalent to the community level.

Indicator (d) The Indicator does not apply as Harrisonburg Men's Community

Corrections Alternative Program is an all-male institution. Agency policy covers expected services for female inmate's post-incidents of sexual abuse.

Indicator (e) The Indicator does not apply as Harrisonburg Men's Community Corrections Alternative Program is an all-male institution. Agency policy covers expected services for female inmates' post-incidents of sexual abuse.

Indicator (f) The Auditor confirmed, with both the nurse at HCCAP and the representatives of the local hospital, that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge and is consistent with agency policy. The Auditor was provided information that no inmates required any follow-up services for possible sexually transmitted diseases.

Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the inmate, including if the inmate must go out for a forensic exam. Policy OP 720.7 Emergency Medical Equipment and Care (page 9) states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." A review of state websites also confirmed that SANE exam costs are covered under the Virginia Criminal Injury Compensation Fund.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments if the individual chooses not to speak to healthcare staff they can also be referred to the local rape crisis agency, Action Alliance. Action Alliance can coordinate phone support for victims and work with the facility and the nearest rape crisis organization to be able to provide on-site support. The Collins Center is the local agency in the Harrisonburg area.

Compliance Determination:

The Virginia Department of Corrections ensures inmates have ongoing access to services. The DOC has several policies that address the healthcare needs of inmates, including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators along with information from the PREA policies. DOC health services providers would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Health Care would ensure that all medical needs and follow-up treatment would be provided after an initial referral to a Sentara RMH Medical Center for a forensic exam. Medical staff confirmed that they could educate inmates about the importance of testing and prophylactic treatment if they initially

	refused these treatments at the hospital. Compliance is based on policy consistent with the standard, the resources available on-site and identified hospital, the interviews with medical and mental health staff as well as interviews with representatives of Action Alliance, and Collins Center a regional sexual abuse agency.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Policy – 038.1 Reporting Serious and Unusual Incidents Policy – 038.3 Prison Rape Elimination Act. PREA Incident Review Form Memo confirming no allegations required a review. Individuals interviewed/ observations. Interviews with Incident Review Member Interview with PREA Compliance Manager Interviews with DOC Director Interview with facility Superintendent Summary Determination Indicator (a) Virginia Department of Corrections policy OP 038.1 Reporting Serious and Unusual Incidents (pages 10-12) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states, “A sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded.” The policy goes on to state, “A sexual harassment incident review, PREA Report of Incident Review 038_F11, will be conducted at the conclusion of every investigation into an allegation of sexual harassment where the

allegation has been determined to be substantiated. Other incidents deemed to need a critical review as determined by the Unit Head, Regional Administrator, Regional Operations Chief, or Chief of Corrections Operations.” The Harrisonburg Community Corrections Alternative Program reported 0 cases in the 12 previous months. The agency policy requires that both sexual abuse and sexual harassment claims to go through the multidisciplinary review process. The Auditor reviewed with senior leadership, including the Superintendent, the various things this standard requires to be considered.

Indicator (b) The policy OP 038.1 states the review should occur within 14 days of the investigation conclusion. The PREA Compliance Manager and the Superintendent were both aware of the timing requirements of this indicator. Absent an actual case the Auditor had to assess compliance based on policy and senior staff knowledge of the content and timeliness of the review. The VA DOC policy requirement exceeds the standard’s timeliness expectations. There were no incidents to review to confirm operations consistent with the policy.

Indicator (c) DOC policy language addresses the multi-disciplinary nature of the team. It states, “The Review Team should consist of at least 2 DOC employees designated by the Unit Head. 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” The Superintendent confirmed the multi-disciplinary team would include the Superintendent, the Major, The PREA Compliance Manager, and included both medical and mental health staff.

Indicator (d) The Virginia Department of Corrections as a post-incident review process for PREA events. The agency has a form that addresses the part of this indicator and has policy language. The elements described in this indicator are all covered in policy OP 038.1. which states, "a. Provide a brief summary of the incident; clarify the original Incident Report or Internal Incident Report, as needed b. Provide an analysis of the causal factors and contributing circumstances

i. Was the incident or allegation motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility.

ii. Assess the adequacy of staffing in that area during different shifts.

iii. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

c. Determine what can be done to limit the occurrence or reduce the severity of

	future incidents; consider whether there was a proper application of current procedure, practice, staffing and/ or training; or whether there is a need to revise the current procedure, practice, staffing, and/ or training. d. Develop an Action Plan to limit or mitigate similar future incidents. The unit shall implement the recommendations for improvement or shall document its reasons for not doing so.” The agency form used to document the review panel's considerations includes the required information listed above. The form reviewed showed consistent documentation of information supporting or denying the abuse was based on the elements listed above. Indicator (e) Interviews with the Superintendent, the PREA Coordinator, the PREA Compliance Manager, and the PREA Analyst support that there are systems in place to ensure the information obtained in the review can be used to make changes in the facility. Absent a case, there were no suggested improvements to review. Compliance Determination The Virginia DOC policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires that the information needed to be part of the incident review be provided in language directly from the standard. The Auditor's interaction with other staff supports when safety issues are identified at HCCAP; they will make procedural or staffing changes in addition to the technology investments. agency PREA Incident review form asks for documentation consistent with the topics consistent with (d). According to the Superintendent, the review team would include a multi-disciplinary team of management, custody, and medical and mental health services staff. Compliance was determined based on policy language, documentation, and staff understanding of the requirements.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men's Community Corrections Alternative Program Pre-Audit Questionnaire

Policy – OP 038.3 Prison Rape Elimination Act

Agency annual report

Bureau of Justice Survey

Individuals interviewed/ observations made.

Interviews with PREA Coordinator

Interview with PREA Compliance Manager

Interviews with the Director of the Department of Corrections

Indicator Summary Determination

Indicator (a) The agency collects data consistent with the policy definitions, which were developed to be consistent with the standard. Policy OP 038.3 states, “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. The agency aggregates the incident-based sexual abuse data at least annually.” The Auditor was provided a copy of the state’s past PREA annual reports, which show that consistent information is provided from each of Virginia’s facilities. The Director confirmed that data is used to improve the agency's ongoing effort to protect, detect, and respond to incidents of sexual abuse and sexual harassment.

Indicator (b) The agency completes an annual report with aggregate data from the Harrisonburg Men's Community Corrections Alternative Program. The Auditor was able to see the data from 2014 to 2023. The Auditor reviewed the agency’s annual report, which is published on the state website.

Indicator (c) The Auditor was able to confirm that the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Harrisonburg Men's Community Corrections Alternative Program in the past year. Interviews with both the facility PREA Compliance Manager and the state PREA Coordinator confirmed that the elements required were tracked. The Auditor also took into consideration information reviewed in investigatory files and Incident tracking reports, and the examples of surveys of sexual violence completed between 2014 and 2023.

	Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving inmate-on-inmate contact will be retained locally with a copy to the agency PREA Coordinator. The PREA Coordinator would receive all incident outcomes and ensure data accuracy. Indicator (e) The Department of Corrections previously contracted with the Geo Group to run the Lawrenceville Correctional Center. The agency took over running that institution in 2024 and, as such, no longer has contracted facilities. Agency annual reports before 2023 supported that the sexual abuse statistics were previously maintained. Indicator (f) The Department of Justice has not requested PREA-related information from the Virginia DOC for Harrisonburg CCAP in the past year. The auditor has been provided documentation that supports the DOC can complete the DOJ report if required. Compliance Determination: The Auditor has found the standard to be compliant. The Virginia DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The Virginia Department of Corrections' annual PREA report outlines the efforts, including data for each of Virginia's DOC facilities. The agency policy OP 038.3 Prison Rape Elimination Act commits the agency to comply with the data collection requirement of the standard. The Director of the DOC stated his commitment to utilizing data in the agency's ongoing efforts to prevent sexual misconduct. Interviews with the Director, the PREA Coordinator, the PREA Compliance Monitor, and information from the PREA Analyst support a system to collect uniform data. The Auditor took into consideration the interviews and the various documents that support data collection and use at a statewide and facility level.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men's Community Corrections Alternative Program Pre-Audit

Questionnaire

Policy – OP 038.3 Prison Rape Elimination Act

VA DOC Annual PREA Report

Individuals interviewed/ observations made.

Interview with the Director of the Department of Corrections

Interview with Superintendent

Interview with PREA Coordinator

Interview with PREA Analyst

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving safety. Interviews with the Superintendent and the Director of the Department of Corrections support critical analysis occurs not only at the facility level but also at a system level. Though there have been no sexual abuse allegations the superintendent confirmed his team looks for trends for all incidents to guide policy, procedural practices, and the disbursement of resources. The Director of the Department of Corrections reports the agency is data-driven and employs teams to assess and evaluate information that can be shared back with the facilities.

Indicator (b) The Virginia Department of Corrections annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Data compares the current year to the prior year's data. The report shows whether the accused was a staff member or an inmate and provides the outcome determination. The report also goes on to track PREA-related improvements across its facilities. The report also reviews the number of complaints that have been reported through the state hotline through the PREA/ADA unit.

Indicator (c) The Director of the Department of Corrections confirms the PREA report developed by the agency's PREA Coordinator is approved by him before being placed on the agency's website. OP 038.3 states, "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."

	Indicator (d) The DOC removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers. Compliance Determination: The Virginia Department of Corrections meets the requirements of this standard in policy OP 038.3 (pages 14-15), which defines the use of data. The Director and the Superintendent supported that they both utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. The PREA Coordinator and her team of analysts can identify trends that can be reviewed and support change at either the facility level or system level. The agency also showed compliance with PREA standards through the publishing of its annual reports that combine data, graphs, and narrative information on Virginia's efforts since 2014 in the development of PREA-safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. Harrisonburg Men’s Community Corrections Alternative Program Pre-Audit Questionnaire Policy – OP 038.3 Prison Rape Elimination Act Policy – OP 050.1 Inmate Record Management PREA Annual Report VACORIS Individuals interviewed/ observations made. Interviews with the PREA Coordinator Interview with PREA Analyst

Interviews with PREA Compliance Manager

Interviews with Investigators

Interviews with Screening staff

Indicator Summary Determination

Indicator (a) The Virginia Department of Corrections has policies that protect the security of information. Policy OP 038.3, the PREA policy, states, "All data collected on allegations of sexual abuse at DOC facilities must be securely retained." Policy OP 050.1 Inmate Records Management governs the establishment, utilization, content, privacy, secure placement, preservation, and security of Inmate records, the dissemination of information from these records, and instructions for retiring or destroying inactive records. Discussions with the PREA Compliance Manager, the individual who completes screenings, the Investigator, and the facility leadership describe layers of controls in place to ensure no unnecessary disclosure. Line staff were aware that in CORIS an incident report can be marked confidential, eliminating access to review by non-supervisory staff members. The Investigator for Harrisonburg Community Corrections Alternative Program has a secure office or the reports can be kept in the superintendent's office. Final reports are also filed with the PREA Office. Criminal Case files would not be held on-site but would be maintained by the Special Investigation Unit (SIU).

Indicator (b) The Virginia Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The annual report describes the agency and facility's efforts to create and maintain PREA-safe environments. The website also includes information on PREA incidents at the contracted facility. A review of the state's website supports that the annual reports are all published dating back to 2014.

Indicator (c) The annual report on the state's website does not include identifiers.

Indicator (d) Policy OP 038.3 sets forth the obligations of the agency's PREA Coordinator, including collecting all incidents. The policy states, "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." Virginia DOC Policies OP 050.1 and OP 025.1 define controls and record retention. The Agency PREA Coordinator is aware that all PREA-related Data must be maintained for a period of no less than 10 years.

	Compliance Determination: The Standard is compliant. The Auditor based this conclusion on the review of the agency's policy and procedures, observations, and information obtained through the various staff interviews and review of documentation at the facility and on the agency website.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men’s Community Corrections Alternative Program Pre-Audit Questionnaire Policy – OP 038.3 Prison Rape Elimination Act Virginia DOC Website Individuals interviewed/ observations. Interviews with PREA Coordinator Interview with PREA Analyst Interviews with PREA Compliance Manager Tour of HCCAP Indicator Summary Determination Indicator (a) The Virginia DOC has several of its 42 facilities audited in a year. The Agency has Audits scheduled across all three years of the current audit cycle. A review of the auditor bid document and the agency website confirms that PREA audits have been completed consistently since the inception of PREA audit. The State no longer has contracted facility for beds since last year. Indicator (b) This is year three of the Audit cycle and from information provided and found on the agency website at least one-third of the facilities will have a PREA

Audit completed.

Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on the tour to be able to speak informally with inmates and staff to ensure they were aware of the Audit. The Auditor was able to ask about the agency's efforts to educate inmates, and how to seek assistance if the need arises. The Auditor review physical spaces inside the secure perimeter and buildings outside the facility's fence line.

Indicator (i) The Virginia Department of Correction provided the Auditor with electronic PREA auditing files in the Online Audit System. The Auditor, Facility Leadership, the PREA Coordinator, and the Regional PREA Analyst had Zoom meetings to review material and set up information the Auditor would like to review on-site. The Auditor was also able to get copies of other documentation as requested on-site. The Agency provided materials in an organized manner in the Online Audit System. The Auditor worked closely with the PREA Analyst to ensure documentation needed was added to the OAS and get clarification on information in the documentation.

Indicator (m) The Auditor was able to interview inmates throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the inmate to speak freely without others being able to hear our conversations. The Auditor did not need to use translation services for any resident at HCCAP. The Auditor also interviewed custody staff across both shifts as well as other positions in the facility.

Indicator (n) The Auditor did not receive confidential mailings from inmates, staff, or other interested parties. The Auditor's information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. During the onsite visit, the Auditor made it clear that individuals who request to be seen would add to the random sampling of staff and inmates to be interviewed.

Compliance Determination:

The Virginia Department of Corrections has had PREA audits of each of its 42 facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and have set up strong deadlines when contracting for new beds to be PREA compliant including undergoing formal audits. The Auditor was given full access to the prison and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential

	interviews with staff and inmates. The Auditor was able to test critical functions in the facility and was provided access the translation services but there were no LEP Probationers to interview. The facility did post the Audit notice, it was visible on the tour and inmates were aware of the posting and the audit. Compliance is based on the above-mentioned facts which support a culture in which PREA is monitored daily.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Harrisonburg Men’s Community Corrections Alternative Program Pre-Audit Questionnaire VA Department of Corrections Website Individuals interviewed/ observations made. Interview with PREA Coordinator Indicator Summary Determination Indicator: (f) The Virginia Department of Corrections website has all the previous PREA Audits posted. This was determined through a review of the state’s DOC Website. The DOC has published all PREA reports dating back to the agency's first PREA Audits in 2014. The Harrisonburg Men’s Community Corrections Alternative Program’s prior PREA Audit reports were viewed on the state’s website. Compliance Determination: The Virginia Department of Corrections website has all previous facility PREA Audits posted under its PREA information link. The Auditor’s prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.

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.)	na
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.)	na
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	na

	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
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.)	na
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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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.)	na
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	yes

	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.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	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).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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.	yes
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).)	na
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.)	na
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	na

	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.)	na
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.)	na
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	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