

# PREA Facility Audit Report: Final

**Name of Facility:** Brunswick Community Corrections Alternative Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/25/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Chris Sweney	<b>Date of Signature:</b> 04/25/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Sweney, Chris
<b>Email:</b>	csweney.prea@gmail.com
<b>Start Date of On-Site Audit:</b>	04/08/2025
<b>End Date of On-Site Audit:</b>	04/09/2025

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

Primary Contact
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<b>Name:</b>	Roberta Jones
<b>Email Address:</b>	roberta.jones@vadoc.virginia.gov
<b>Telephone Number:</b>	804-929-5647

<b>Facility Director</b>	
<b>Name:</b>	Roberta Jones
<b>Email Address:</b>	roberta.jones@vadoc.virginia.gov
<b>Telephone Number:</b>	4348484131

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Donna Robertson
<b>Email Address:</b>	donna.robertson@vadoc.virginia.gov
<b>Telephone Number:</b>	434-848-1544

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2
<b>Current population of facility:</b>	118
<b>Average daily population for the past 12 months:</b>	98
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-71
<b>Facility security levels/resident custody levels:</b>	CCAP
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	54
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

### AGENCY INFORMATION

<b>Name of agency:</b>	Virginia Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	6900 Atmore Drive, Richmond, Virginia - 23225
<b>Mailing Address:</b>	P.O. Box 26963, Richmond, Virginia - 23261
<b>Telephone number:</b>	8046743000

### Agency Chief Executive Officer Information:

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Tammy Barbetto	<b>Email Address:</b>	tammy.barbetto@vadoc.virginia.gov

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
3	<ul style="list-style-type: none"> <li>• 115.231 - Employee training</li> <li>• 115.233 - Resident education</li> <li>• 115.251 - Resident reporting</li> </ul>
<b>Number of standards met:</b>	
38	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-08
2. End date of the onsite portion of the audit:	2025-04-09

#### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Action Alliance - (800) 838-8238, #55 Option #2 from the facility phones <a href="https://vsdvalliance.org/">https://vsdvalliance.org/</a>

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	150
15. Average daily population for the past 12 months:	98
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	123
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>45</p>
<p><b>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:</b></p>	<p>0</p>

<b>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:</b>	<p>2</p>
<b>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:</b>	<p>No text provided.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>19</p>
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input checked="" type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>



<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor conducted interviews with random and targeted probationers. The in-house probationer population on the first day of the onsite review was 123. All reasonable efforts were made to conduct the required number of targeted probationer interviews. The auditor selected additional probationers from the available targeted populations and increased the number of random probationer interviews to ensure that the appropriate numbers of probationers were interviewed. There was a total of 20 formal probationer interviews conducted. The auditor selected probationers randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one probationer for each living area of the facility.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>1</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>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:</b></p>	<p>0</p>
<p><b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers with physical disabilities. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers with cognitive or functional disabilities. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers who are Deaf or hard-of-hearing. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers who are Limited English Proficient (LEP). This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers who identify as lesbian, gay, or bisexual. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers who identify as transgender or intersex. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported there were no Probationers currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no Probationers who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and probationer interviews.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>10</p>
<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>

**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.

<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	10
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



**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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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.

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>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.</p>	
<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

# 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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>78. Explain why you were unable to review any sexual abuse investigation files:</b>	Brunswick CCAP reported zero sexual abuse investigations during the audit period. This was verified during staff and probationer interviews.

<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>Brunswick CCAP reported zero sexual harassment investigations during the audit period. This was verified during staff and probationer interviews.</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, Prison Rape Elimination Act (Pg. 6)</li> <li>2. VADOC OP #135.2, Rules of Conduct Governing Employee Relationships (Pg. 6)</li> <li>3. VADOC Organizational Chart</li> <li>4. BCCAP Organizational Chart</li> <li>5. BCCAP PREA Compliance Manager Memo</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> </ol>

2. Region PREA/ADA Analyst

3. Superintendent Interview

PREA Compliance Manager and Regional PREA/ADA Analyst felt they have enough time to manage all of their PREA-related responsibilities. The PREA Compliance Manager stated she meets regularly with facility leadership and has sufficient authority to implement changes as needed.

The Superintendent indicated during her interview that protection from sexual abuse and harassment is a high priority and that the PREA Compliance Manager is part of the leadership team and has authority to make changes as needed.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Virginia Department of Corrections (VADOC) has an agency wide operating procedure (*Prison Rape Elimination Act Operating Procedure #038.3*) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment.

(b) OP #038.3, Prison Rape Elimination Act discusses the VADOC's approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report.

(c) VADOC has a designated agency wide PREA/ADA Supervisor who reports to the Corrections Operations Administrator. Under the Agency PREA Supervisor there are three (3) regional PREA Coordinators. The Eastern Region PREA/ADA Analyst stated she has time and authority to effectively implement and continually monitor the 8 institutions and 1 community corrections facility under her supervision.

(d) VADOC operates forty (40) facilities across the state. Each facility has a designated PREA Compliance Manager who reports to their Regional PREA Coordinator. BCCAP's Correctional Lieutenant is designated as their PREA Compliance Manager. BCCAP's PREA Compliance Manager reported during her interview that she has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.

The Auditor conducted a thorough review of the agency's policies and procedures, Organizational Chart, and interviewed staff and probationers. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. The VADOC-BCCAP has successfully created a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. The Auditor determined the facility's Zero-Tolerance culture resonates with staff and probationers. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, Prison Rape Elimination Act (Pg. 4)</li> <li>2. VADOC OP #260.1, Procurement of Goods and Services (Pg. 10)</li> <li>3. BCCAP PREA Audit: Pre-Audit Questionnaire</li> <li>4. Contracts</li> <li>5. Contract Renewals</li> <li>6. Quarterly Facility Site Visits Report</li> <li>7. Lawrenceville Correctional Center Audit Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Region PREA/ADA Analyst</li> <li>2. Contract Monitor</li> </ol> <p>VADOC Policy (<i>#260.1, Procurement of Goods and Services</i>) is written in compliance with the standard and requires confinement of probationers in any new contract or contract renewal includes compliance with PREA standards. VADOC policy requires contracts include a provision for contract monitoring to ensure the contract facility is complying with the PREA standards. Policy does not allow the VADOC to enter a contract with an entity that fails to comply with PREA standards except in emergency situations. The VADOC has included language in all contracts to ensure that contracted facilities comply with PREA Standards.</p> <p>The number of contracts for the confinement of probationer that the agency entered into or renewed with private entities or other government agencies since the last PREA audit is zero (0).</p> <p>The number of contracts that DID NOT require contractors to adopt and comply with PREA standards is zero (0).</p> <p>The Auditor reviewed prior contract between the VADOC and GEO Corrections &amp; Detention, LLC, which was entered into in March 2013 and ended in July 2024. Each contract extension between 2013 and 2024 included requirements for GEO Group to comply with PREA standards. There was a provision in the contract that allowed the VADOC to monitor GEO's compliance with PREA. As stated in a Memo from the PREA Coordinator, VADOC had a Private Prison Liaison Officer, who monitored the contract at the private prison to ensure the performance was in accordance with VADOC policy and procedures, mandates and legal requirements. The Private Prison Liaison Officer prepared a monthly report of her operational findings concerning</p>

Lawrenceville Correctional Center's compliance with the contract requirements. This report was shared with Regional and Facility Administrators as well as the PREA Unit. She received the PREA Sexual Abuse Hotline Referral emails pertaining to Lawrenceville Correctional Center from the Statewide PREA Hotline Coordinator and she served as a contact person for the PREA Unit. She also received a master list, quarterly, of all PREA allegations pertaining to Lawrenceville Correctional Center from the Eastern Region PREA/ADA Analyst. The PREA Unit shared concerns and issues relating to Lawrenceville's PREA compliance.

The Virginia Department of Corrections contracted for confinement of its offenders with GEO Corrections & Detention, LLC. The GEO Group operated a private prison in Lawrenceville, Virginia. The auditor reviewed the PREA Audit report for Lawrenceville Correctional Center which was submitted in August 2022. The Lawrenceville Correctional Center was found to be in compliance with the PREA standards at that time. The Virginia Department of Corrections occasionally houses probationers in local and regional jails across the state. The Code of Virginia allows for the confinement of VADOC probationers in those facilities. There is no contract or written agreement, however each facility housing VADOC probationers is required comply with the PREA standards.

BCCAP does not house probationers contracted by other entities or contract with other entities to house BCCAP probationers. Any contracts for confinement of VADOC probationers is done at the agency level.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP 401.2, Security Staffing (Pg. 8-9)</li> <li>2. VADOC OP 401.3, (Pg. 4-5)</li> <li>3. BCCAP Duty Rosters</li> <li>4. BCCAP Staffing Plan Review (1/31/2025)</li> <li>5. BCCAP Unannounced Rounds/PREA Log</li> <li>6. BCCAP Facility Camera List</li> </ol> <p>Interviews</p>

1. Superintendent Interview
2. PREA Compliance Manager Interview
3. Eastern Region PREA/ADA Analyst
4. Intermediate or higher-level facility staff interviews
5. Probationer Interviews

Interviews with the Superintendent, PREA Compliance Manager and Regional PREA/ADA Analyst confirmed that the BCCAP has developed a staffing plan and has adopted generally accepted detention and correctional practices. Additionally, the staffing plan is reviewed annually by the Superintendent and submitted to the Regional and Agency PREA Coordinator. All indicated that issues that are identified are prioritized and addressed as needed. The Superintendent indicated that staffing shortages have not been an issue recently and any drop below minimum staffing is reported to facility leadership.

Interviews with Sergeants and Lieutenants confirmed that unannounced rounds are done on all shifts at varied times. Both indicated that rounds are documented in the *"Unannounced Rounds/PREA Log"*.

Random probationer interviews confirmed that they regularly see supervisors in the housing units and other areas in the facility.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The VADOC-BCCAP has a policy (401.2, Security Staffing) which requires a staffing plan that includes:

- Generally accepted detention and correctional practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)
- The composition of the offender population
- The number and placement of supervisory staff
- Institution programs occurring on a particular shift
- Any applicable State or local laws, regulations, or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors

The staffing plan for each facility is a combination of the facility's current Post Audit, approved Shift Design, and proper roster management utilizing the annual Master Roster and Daily Duty Rosters.



Information from the assessment is used to determine where additional supervision is necessary, where supervisory coverage is necessary and where additional cameras may be needed. The BCCAP monitors the composition of the offender population on a daily basis and uses this information to justify staffing for coverage for the offender population. The BCCAP requires supervisors to visit each housing unit at least once per shift.

Since the last PREA audit the average daily number of residents was 100.

Since the last PREA audit the average daily number of residents on which the staffing plan was predicated was 129.

(b) The BCCAP listed the most common reasons for deviating from the over the last 12 months as:

- Sick leave
- Mandatory training
- Approved annual leave
- Transportation runs
- Situational emergency events
- Staff vacancies created by retirements or promotions

Each facility must make its best efforts to comply on a regular basis with the facility staff plan. In circumstances where the staffing plan is not complied with, the Facility Unit Head or designee must document and justify all deviations from the facility staffing plan.

(c) By January 31 of each year and more frequently if needed, the Facility Unit Head or designee will review their existing staffing plan for the facility.

1. This review will assess, determine, and document whether adjustments are needed to:

- The facility's established staffing plan
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adherence to the staffing plan

2. If the review indicates that the facility is not staffing to plan, the facility must provide a comprehensive written explanation as to why and provide possible solutions to increase facility staffing levels.

3. These comprehensive written explanations will be submitted to the Regional Operations Chief for review and forwarding to the Regional PREA Analyst.

BCCAP's most recent staffing plan review was completed on January 31, 2025 and submitted and signed off on by the Regional PREA/ADA Analyst and Agency PREA

	<p>Coordinator on January 31st, 2025.</p> <p>(d) VADOC OP 401.1, Development and Maintenance of Post Orders (Pg. 4-5) states that <u>“Staff assigned to any post are prohibited from alerting other employees that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment. (§115.13[d]).”</u></p> <p>(e) The BCCAP provided copies of their “Unannounced Rounds/PREA Log” with the pre-audit documentation which shows this as a regular practice.</p> <p>The Auditor concluded the facility has an adequate staffing plan to ensure the protection of probationers from sexual abuse. The Auditor reviewed policies, procedures, the Staffing Plan, Staffing Plan Review, facility logbooks, shift rosters, made observations, and conducted interviews with staff and probationers. The facility conducts an annual staffing plan review as required by this standard. The Auditor determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #350.2 (Pg. 9)</li> <li>2. VADOC OP #401.1, Development and Maintenance of Post Orders (Pg. 6)</li> <li>3. VADOC OP #401.2, Security Staffing (Pg. 8)</li> <li>4. VADOC OP #445.1 (Pg. 16-17)</li> <li>5. VADOC OP #445.4 (Pg. 15)</li> <li>6. VADOC OP #720.2 (Pg. 9)</li> <li>7. VADOC OP #801.1 (Pg. 5)</li> <li>8. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>9. BCCAP Unannounced Rounds/PREA Log - (Female Staff Announcement)</li> <li>10. VADOC Staff Training Academy Outline - Searches</li> <li>11. VADOC Strip Search Memo</li> <li>12. Facility Shift Rosters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Random Staff Interviews</li> </ol>

### 3. Random Offender Interviews

The PREA Compliance Manager indicated during her interview that she meets with transgender probationers to determine their preference of staff to be searched by.

Random staff interviews reiterated that they have not conducted cross-gender strip searches or cross gender visual body cavity searches. Staff interviews confirmed that they announce themselves or will announce staff of a different gender prior to entering the housing unit and note the announcement in the PREA Log Book.

Random probationer interviews confirmed they have not been strip searched or visual body cavity searched by a staff member of the opposite sex. Probationer interviews indicated that announcements by staff are being made when staff enter housing areas.

Site Review Observations:

#### 1. Observations during on-site review of physical plant

(a) VADOC policy #445.1 Screenings and Searches of Persons states:

One Corrections Officer and one other DOC employee both of whom are of the same gender as the probationer or CCAP probationer/parolee or of the gender indicated on the approved Strip Search Deviation Request 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 probationer or CCAP probationer/parolee will remove every article of clothing including wigs, dentures, etc. and give them to the Corrections Officer for inspection.
- While the probationer or CCAP probationer/parolee is disrobed, DOC employees will conduct a visual inspection of the probationer's or CCAP probationer's/parolee's head, hair, mouth, torso, pelvic area, legs, and feet.
- The probationer or CCAP probationer/parolee will spread their legs; bend over, spread their buttocks, squat and cough, and raise arms, penis, scrotum, and breasts during the visual inspection.
- At no time during the visual inspection will DOC employees touch the probationer/parolee or conduct any physical intrusion into the individual's rectal or vaginal cavities
- The probationer or CCAP probationer/parolee must be allowed to dress immediately after the search.

Strip searches of probationers and CCAP probationers/parolees by DOC employees of the opposite gender from the probationer or probationer/parolee or the gender indicated on their approved Strip Search Deviation Request may only be conducted when there is an immediate threat to the safe, secure, orderly operation of the facility and there is no other available alternative.

- Prior to conducting the search, the Shift Commander must approve the search and will be responsible to notify the ADO and the Regional PREA Analyst.
- The Corrections Officers conducting the search must submit an Internal Incident Report;

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero (0)

(b) The VADOC-BCCAP does not house female offenders.

(c) The VADOC-BCCAP does not house female offenders.

(d) VADOC OP #801.1 (Pg. 3) and VADOC OP #401.1, Development and Maintenance of Post Orders (Pg. 5) states the BCCAP has policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. VADOC Policy requires staff to announce their presence when entering housing units with offenders of a different gender. Staff interviews reiterated that they announce themselves or will announce staff of a different gender prior to entering the housing unit. Offender interviews indicated that announcements by staff are done on a consistent basis.

(e) VADOC OP #445.1 states that offenders are not searched or physically examined for the sole purpose of determining the genital status. If the offender's genital status is unknown, BCCAP staff will initiate a conversation with the offender in a professional manner in a private setting in order to preserve confidentiality.

(f) VADOC OP #445.1 states that unless an emergency or other special situation exists, pat searches should be conducted by staff of the same gender as the offender. All staff is trained how to conduct searches of transgender and intersex offenders in a professional manner and in the least intrusive manner possible that is consistent with security needs.

The Auditor concluded staff had been appropriately trained to conduct cross-gender searches and make opposite gender announcements when entering probationer housing units. Probationers can shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender and intersex probationers professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, shift rosters, made observations, and interviewed staff and probationers and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP #038.3, Prison Rape Elimination Act (Pg. 8-9)
2. Homeland Language Contract
3. Purple Language Contract
4. Optimal/Stratus Interpreter Services
5. VLS Interpreter Service
6. Braille PREA Handbook
7. VADOC Zero Tolerance Postings (English, Spanish)
8. BCCAP Offender Training Acknowledgement (English, Spanish)

Interviews:

1. Superintendent Interview
2. PREA Compliance Manager Interview
3. Random Staff Interviews

During interviews with random staff, they stated each probationer is provided PREA information upon arrival. Facility Counselors, the Administrative Lieutenant (Orientation) and the PREA Compliance Manager were asked how the facility ensures probationers who are disabled or do not speak English benefit from the agency's information and education. They stated that intake and orientation materials were available in English and Spanish and translation services were available if needed. They also indicated they set down individually with probationers that need additional help understanding the information for themselves.

Random staff were asked about the use probationer interpreters. Each stated they do not use probationers to interpret information to probationers. Staff informed the auditor they have select staff who are bilingual and have access to an interpretation service by phone.

Site Review Observations:

1. Observations during on-site review of physical plant
  - (a) As previously stated, the VADOC-BCCAP has a written policy, mandating zero tolerance relating to sexual abuse and sexual harassment. The BCCAP utilizes the following services to ensure that limited English-speaking offender, offenders with

disabilities, and those who have a speech disability have an equal opportunity to participate in PREA education.

- PREA Handbook in Braille - This handbook has been transcribed by Virginia Correctional Enterprises Braille / Fluvanna Correctional Center for Women.
- Spanish-Offender Training Acknowledgement - This form is utilized for Spanish Speaking probationers to acknowledge their receiving PREA information.
- VLS Interpreter Service - Vernacular Language Services is a Foreign Language Telephone Interpreter Service.
- Zero Tolerance - English / Hearing Impaired / Spanish - This Handout includes information on Reporting and Knowing Your Rights
- Stratus Interpreter Service (Formerly Optimal Interpreter Services)
- Homeland Language Services
- Purple Language Service

(b) The BCCAP takes 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.

(c) The BCCAP refrains from relying on offender interpreters, offender readers or other types of offender assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. Staff interviews reaffirmed the use of a contract interpretive service or another staff member to interpret with a limited English-speaking offender.

Facility staff provided the auditor a tour of the facility. The auditor observed PREA posters and other material posted in housing units and various other common areas. All posted materials were maintained in English and Spanish. Additionally, probationer tablets and kiosks are also available in English and Spanish.

The auditor concluded the agency provides information that ensures equal opportunities to probationers who are disabled. The agency takes reasonable steps to provide probationers who are limited English proficient meaningful access to all aspects of the agency's prevention, detection and response policies towards sexual abuse and sexual harassment. The auditor conducted a review of VADOC policies, procedures, training form, interviewed staff and probationers and determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP # 102.2 (Pg. 5)
2. VADOC OP # 102.3 (Pg. 4)
3. VADOC OP # 102.7 (Pg. 6)
4. VADOC OP # 135.1 (Pg. 15)
5. VADOC OP # 145.2 (Pg. 6)
6. VADOC OP # 260.1 (Pg. 10)
7. BCCAP New Hire Applications
8. BCCAP Promotion Applications
9. Contractor VCIN Log
10. Employee VCIN Log
11. Contract Employees VCIN Log
12. Volunteer VCIN Log

Interviews:

1. Superintendent Interview
2. Human Resources Staff Interview

During her interview, the Superintendent indicated he makes the final decisions on all new hires and promotions. In doing so, she reviews the entire hiring packet including applications and background checks.

Human Resources staff confirmed during their interview that they complete background checks and prior employment verifications during the hiring process including asking about prior allegations of sexual abuse. Additionally, they indicated they also complete criminal history and VCN checks on all current staff, contractors and volunteers every three years.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The VADOC-BCCAP conducts background investigations for new hires as well as for staff being considered for a promotion. VADOC OP # 102.3 (Pg. 4) states:

*"The DOC shall conduct criminal background records checks (VCIN) at least every five years of current employees and contractors. A criminal background records check (VCIN) will be conducted annually for sensitive specialist assignments.*

*a. The Human Resources Officer for each organizational unit shall ensure criminal background records checks (VCIN) are conducted and documented as required. (§115.17[e], §115.217[e])*

*b. The Human Resource Officer shall document in the Access Employee Database*

*that the criminal records check (VCIN) was conducted..*

*(b) VADOC OP #102.2 (Pg. 5) indicates that: "The DOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated offenders."*

(c) VADOC OP #102.3 states:

*"Before hiring new employees, who may have contact with offenders, the DOC shall: (§115.17[c], §115.217[c])*

*a. Perform a criminal background records check (VCIN)*

*b. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse."*

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was eight (8).

(d) VADOC OP # 102.3 (Pg. 4) requires a criminal background records check before enlisting the services of any contractor who may have contact with offenders

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was one (1).

(e) VADOC OP # 102.3 (Pg. 4) requires criminal background records checks every five years of current employees and each year for contractors who may have contact with offenders.

(f) VADOC asks all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions

VADOC asks all applicants and employees who may have contact with offenders 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

*(g) VADOC OP #135.1 (Pg. 15) 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. (§115.17[g], §115.217[g])."*

VADOC OP #102.7 (Pg. 6) allows the HR staff to 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.



	<p>The auditor concluded the VADOC-BCCAP is taking appropriate steps to identify previous acts of sexual misconduct prior to hiring staff, enlisting the services of contractors, and before promoting staff members. The auditor conducted a thorough review of the agency's policies, procedures, employment records, forms, interviewed staff and determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #801.1 (Pg. #4)</li> <li>2. BCCAP Facility Diagrams</li> <li>3. BCCAP Facility Upgrade Memo</li> <li>4. Facility Tour</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent Interview</li> <li>2. PREA Compliance Manager Interview</li> </ol> <p>Both the Superintendent and PREA Compliance Manager indicated during their interviews that they are aware of the PREA standard requiring their participation in considering the effects of designing new or updating existing facilities on the PREA Standards.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>(a,b) VADOC OP #801.1 requires the consideration of any new design, acquisition, expansion, or modification on the agency's ability to protect offenders from sexual abuse.</p> <p>The Brunswick Community Corrections Alternative Program provided a memo stating:</p> <p>During the audit year period BCCAP has not had a substantial expansion or modification of the existing facility.</p>

	<p>The PREA Compliance Manager is aware of the PREA standard requiring his participation in considering the effects when designing new or updating existing facilities. The auditor has established the PREA Compliance Manager considers design affects and camera placements to protect probationers from sexual abuse. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #030.4 (Pg. 10-11)</li> <li>2. VADOC OP #038.3 Prison Rape Elimination Act (Pg. 13)</li> <li>3. VADOC OP #720.7 Emergency Medical Equipment and Care (Pg. 8)</li> <li>4. VADOC OP #730.2 (Pg. 8)</li> <li>5. Action Alliance Contract</li> <li>6. Forensic Nurse Examiner Contact Form</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff</li> <li>2. PREA Compliance Manager</li> <li>3. Medical Staff Interview</li> </ol> <p>Random staff interviews indicated staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.</p> <p>Interviews with the PREA Compliance Manager and Medical staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed on site or at UVA Medical Center by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).</p> <p>The PREA Compliance Manager and Medical staff reiterated that if requested by the victim, a victim advocate or agency staff member will accompany the victim through the forensic medical examination process and investigatory interviews.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol>

(a) The VADOC is responsible for administrative and criminal investigations and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

(b) VADOC protocol is appropriate for youth; however, the BCCAP does not generally house youthful offenders.

(c) VADOC-BCCAP offers all victims of sexual abuse access to forensic medical examinations either on site or at UVA Medical Center. Victims are provided services at no charge.

The number of forensic medical exams conducted during the past 12 months was zero (0).

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

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

(d) VADOC-BCCAP has an agreement with Action Alliance to provide the victim with a victim advocate.

(e) Interviews conducted with the PREA Compliance Manager and Medical staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services

(f) This provision is Not Applicable; the VADOC is responsible for administrative and criminal investigations.

(g) The auditor is not required to audit this provision

(h) This provision is Not Applicable; VADOC-BCCAP refers these services to Action Alliance for access to a victim advocate.

The Auditor determined an appropriate uniform evidence protocol is used when collecting evidence following a sexual abuse incident. The VADOC-BCCAP utilizes the VADOC Special Investigations Unit to conduct Criminal investigations. The VADOC-BCCAP has an MOU to provide probationers access to victim advocates through Action Alliance. The facility also ensures access to a Sexual Assault Nurse Exam, conducted by trained medical staff either on-site or at UVA Medical Center. The Auditor reviewed the agency's policies, procedures, MOUs, investigative files and conducted interviews with investigators, victim advocates and medical personnel. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #030.4 (Pg. 3)</li> <li>2. VADOC OP #030.4 (Pg. 10)</li> <li>3. VADOC OP #038.3 Prison Rape Elimination Act (Pg. 11-12)</li> <li>4. VADOC Website - <a href="https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/">https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/</a></li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Eastern Region PREA/ADA Analyst</li> <li>3. Facility Investigator Interview</li> <li>4. SIU Investigators</li> </ol> <p>The PREA Compliance Manager and Regional PREA Coordinator indicated they receive all allegations and forward them to the appropriate investigators. Both indicated they ensure compliance with the standard through the investigative process by utilizing a Sexual Assault Response Checklist.</p> <p>During interviews with the Facility Investigator and SIU Investigators they indicated that they receive and investigate all allegations of sexual misconduct and refer criminal allegations for prosecution.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ol style="list-style-type: none"> <li>(a) VADOC OP #038.3 ensures that all allegations of sexual abuse and sexual harassment are investigated.</li> </ol> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was zero (0).</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation was zero (0).</p> <p>In the past 12 months, the number of allegations referred for criminal investigation was zero (0).</p> <ol style="list-style-type: none"> <li>(b) The VADOC Sexual Assault/Abuse Policy is on their website (<a href="https://vadoc.virgin-">https://vadoc.virgin-</a></li> </ol> </li> </ol>

ia.gov/offender-resources/prison-rape-elimination-act/) stating that all offenders have the right to be safe from sexual abuse and harassment. Their policy discusses how staff will receive allegations and who is responsible for investigations.

VADOC OP #038.3 requires staff to document all incidents of sexual abuse and forward them to the BCCAP PREA Coordinator.

(c) Information on the VADOC website clearly explains who is responsible for investigations.

*How a PREA Complaint is processed*

*When we receive a message on the confidential hotline or a PREA third party reporting form, the complaint goes through the following process:*

*1. A PREA complaint is reported.*

*A PREA Hotline Coordinator receives, reviews, and documents a PREA complaint.*

*2. The PREA complaint is forwarded to the right contacts.*

*A PREA Hotline Coordinator will notify the correct facility and PREA Unit. The victim and alleged perpetrator(s) are separated. The victim is offered medical and mental health services.*

*3. An investigation is conducted.*

*The Institutional Investigator and/or the Special Investigations Unit conduct an investigation once they receive a claim of sexual misconduct or sexual harassment against a staff member or offender.*

*4. A disposition can be substantiated, unsubstantiated, or unfounded.*

*Substantiated: the allegation was investigated and was determined to have occurred.*

*Unsubstantiated: there was not enough evidence determine whether or not the allegation occurred.*

*Unfounded: the allegation was determined to not have occurred.*

*5. Termination is the presumptive discipline for staff members who are found to have engaged in sexual abuse.*

*Violators of the VADOC's Zero-Tolerance Policy are ineligible for rehire and prosecuted to the fullest extent of the law.*

*6. If an offender withdraws an allegation of sexual abuse or sexual harassment, the investigation must continue.*

*If the allegation is substantiated or unsubstantiated, we recommend not charging the offender since we either proved the offender's statement was true, or were*

	<p><i>unable to prove whether the statement was false and made in “bad faith.”</i></p> <p><i>If the investigation concludes that the allegation was unfounded, and it can be proven that the offender made a false allegation in “bad faith,” the offender may receive a disciplinary charge if approved by the Regional PREA Analyst.</i></p> <p>(d,e) Auditor is not required to audit these provisions</p> <p>The Auditor concluded the VADOC-BCCAP appropriately refers criminal allegations of sexual abuse and sexual harassment to the VADOC Special Investigations Unit (SIU). The SIU has the legal authority to conduct such investigations. The Auditor observed evidence the facility investigates all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, the VADOC website, investigative files and interviewed staff and probationers. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #102.6 (Pg. 8)</li> <li>2. VADOC OP #350.2 (Pg. 13 - 14)</li> <li>3. PREA/ADA Newsletters</li> <li>4. BCO PREA Training Curriculum</li> <li>5. New Hire Orientation</li> <li>6. Online In-Service Training Curriculum</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Eastern Region PREA/ADA Analyst</li> <li>3. Random Staff Interview</li> </ol> <p>During the Regional PREA Coordinator and PREA Compliance Manager’s interviews they explained that PREA training is provided before new staff, contact staff or volunteers can have contact with probationers and again each year as part of their in-service training. Additionally, they explained that staff receive training to deal with both male and female probationers and are tested on information they receive.</p>

Random staff were asked questions related to training topics listed in the agency's lesson plan. Staff appeared knowledgeable of all topics. Staff understood their responsibilities, understood the dynamics of sexual abuse and articulated common reactions of sexual abuse victims. Staff had been trained to avoid inappropriate relationships with probationers. Staff understood the agency's reporting requirements and how to comply with relevant laws. Additionally, security staff member understood their responsibilities as first responders.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) During Phase One of new hire training, the VADOC-BCCAP provides all staff with a four-hour PREA training which includes the following topics and a written exam.

- History of PREA
- The “Nine Purposes of PREA”
- Definitions
- Zero-Tolerance Policy
- Rules of Conduct Governing Employees Relationships with Probationers
- Common Myths
- The Dynamics of Sexual Abuse and Sexual Harassment in Confinement
- Common Reactions of Sexual Abuse and Sexual Harassment Victims
- Detection Strategies
- Responding to Signs of Threatened and Actual Sexual Abuse
- Avoiding Inappropriate Relationships with Probationers
- Communicating Effectively and Professionally with Probationers
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Probationers
- Transgender, Intersex and Cross-Gender Searches

Additionally, a PREA refresher training is part of the department’s annual in-service training curriculum which includes:

- Dynamics of sexual abuse in a confinement setting including common reactions to sexual abuse.
- Professional boundaries and communicate effectively with probationers.
- Detection, prevention, and response to sexual abuse in a VADOC confinement facility.
- Rules of Conduct Governing Employees Relationships with Probationers, improprieties, fraternization, and associations treated as a Group III offense.
- VADOC’s Zero Tolerance policy.
- Common characteristics of probationer victims (both male and female) of sexual violence.
- Detection strategies.

Pre-Audit documentation was provided to the auditor which included both new hire

	<p>and annual in-service training. Additional training records were reviewed during the onsite audit.</p> <p>(b) VADOC-BCCAP staff receives training tailored to the gender of the offenders, All staff receives this training regardless of whether or not they are reassigned from another facility.</p> <p>(c) All current employees who have contact with offenders have received training. A review of the staff training records and random staff interviews confirm training was received.</p> <p>(d) VADOC-BCCAP maintains completion reports which verify they have received the training and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material.</p> <p>Additionally, the VADOC publishes a monthly PREA/ADA newsletter with updates and news about the agency's PREA and ADA compliance efforts. The newsletter is distributed to all VADOC employees across the state.</p> <p>The Auditor concluded the VADOC-BCCAP has appropriately trained staff and documented the employees' understanding of the training received. All facility staff interviewed were knowledgeable and retained the information provided through agency training efforts. The Auditor reviewed agency policies, procedures, lesson plans, training records, acknowledgement forms, and interviewed staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #027.1 (Pg. 7-8)</li> <li>2. VADOC OP #038.3 Prison Rape Elimination Act (Pg. 5)</li> <li>3. VADOC OP #102.6 Staff Orientation (Pg. 6)</li> <li>4. VADOC OP #350.2 (Pg. 8)</li> <li>5. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>6. Volunteer PREA Acknowledgement Form</li> <li>7. Maintaining Boundaries Guide</li> <li>8. VADOC Volunteer Orientation Training</li> </ol> <p>Interviews:</p>



1. PREA Compliance Manager Interview
2. Regional PREA/ADA Analyst Coordinator

During the PREA Compliance Manager and Regional PREA/ADA Analyst Coordinator interviews they explained that PREA training is provided before contract staff or volunteers can have contact with probationers and again each year. Additionally, they explained that contract staff or volunteers receive training based on the type of services they provide and the amount of contact they will have with the probationer population.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC-BCCAP ensures that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the offenders. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.

The number of volunteers and contractors, who may have contact with probationers, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 5

(b) All volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders and their training is tailored during orientation. The VADOC has assigned the following definitions when determining the level and type of training provided to volunteers and contractors.

Level 1 (Contractors, Interns and Program Visitors who have no contact with probationers and CCAP probationers/parolees) Under this level they are informed of their responsibilities to prevent, detect, monitor, and report all allegations and incidents of sexual abuse and sexual harassment of probationers and CCAP probationers/parolee. Additionally, they are provided a copy of the brochure titled "A Guide to Maintaining Appropriate Boundaries with Probationers for Contractors and Volunteers of the Virginia Department of Corrections" and are required to review Operating Procedure 038.3, Prison Rape Elimination Act (PREA).

Level 2 (Contractors, Interns, and Volunteers whose duties do not require contact with probationers and CCAP probationers/parolees, but the possibility for contact

	<p>exists) Under this level they are informed of their responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of probationers and CCAP probationers/parolees. Additionally, they are provided a copy of the brochure “A Guide to Maintaining Appropriate Boundaries with Probationers for Contractors and Volunteers of the Virginia Department of Corrections” and are required to review Operating Procedure 038.3, Prison Rape Elimination Act (PREA) and Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.</p> <p>Level 3 (Contractors, Interns, and Volunteers whose duties require contact with probationers or CCAP probationers/parolees) Under this level they are informed of their responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of probationers and CCAP probationers/parolees. Additionally, they are required to view a Prison Rape Elimination Act (PREA) Power Point Presentation and receive copy of the brochure “A Guide to Maintaining Appropriate Boundaries with Probationers for Contractors and Volunteers of the Virginia Department of Corrections” and review Operating Procedure 038.3, Prison Rape Elimination Act (PREA) and Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.</p> <p>(c) VADOC-BCCAP maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.</p> <p>The Auditor concluded the agency provides appropriate training to volunteers and contract staff. The agency's training curriculum is appropriate to ensure compliance with this standard. The agency maintains documentation that volunteers and contractors have received training. The Auditor reviewed the agency's policies, training curriculum, training records, and interviewed contractors and volunteers. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3 Prison Rape Elimination Act (Pg. 5 - 6)</li> <li>2. VADOC OP #940.4, Community Corrections Alternative Program (Pg. 6 - 7)</li> <li>3. VADOC OP #810.2 Transferred Offender Receiving and Orientation (Pg. 7)</li> </ol>

4. VADOC-BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
5. VADOC-BCCAP Offender Training Intake
6. VADOC-BCCAP Offender Training Comprehensive
7. VADOC-BCCAP Offender PREA Training Acknowledgement Form
8. VADOC Zero Tolerance Poster (English and Spanish)
9. VADOC Braille PREA information

Interviews:

1. Lieutenant Interview
2. Random Offender Interviews

During interviews with staff who conduct the initial education and facility orientation they explained that initial education is provided to each probationer as they arrive at the facility and how accommodations can be made if needed. Specifically, information could be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed.

During resident interviews, all indicated they received PREA information during the intake process and signed for the information they received. Additionally, all probationers interviewed were knowledgeable of the agency's zero-tolerance policy, how to report abuse, and services that were available.

Site Review Observations:

Observations during on-site review of physical plant

(a) During intake, offenders receive and sign for PREA documentation explaining the agency's zero-tolerance policy towards sexual abuse and sexual harassment.

The number of residents admitted during past 12 months who were given this information at intake was 260

(b) The VADOC-BCCAP provides education to offenders about their rights to be free from sexual abuse and sexual harassment. The education, offender handbook and other materials include:

- rights to be free from retaliation
- reporting such incidents
- services available
- and that sexual abuse and harassment will be referred for administrative and/or criminal investigations.

The number of residents transferred from a different facility during the past 12 months was 259

The number of residents transferred from a different facility, during the past 12

months, who received refresher information was 259

(a) The VADOC-BCCAP provides offender education in formats accessible to all offenders including those who are limited English proficient. Information is also available for offenders who are deaf, those who are visually impaired, those who are otherwise disabled and offenders who have limited reading skills. The BCCAP utilizes the following services to ensure that limited English-speaking offender, offenders with disabilities, and those who have a speech disability have an equal opportunity to participate in PREA education.

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

Spanish-Offender Training Acknowledgement - This form is utilized for Spanish Speaking probationers to acknowledge their receiving PREA information.

VLS Interpreter Service - Vernacular Language Services is a Foreign Language Telephone Interpreter Service.

Zero Tolerance - English / Hearing Impaired / Spanish

This Handout includes information on Reporting and Knowing Your Rights

- Optimal/Stratus Interpreter Services
- Homeland Language Services
- Purple Language Service

(b) The VADOC-BCCAP maintains documentation of offender participation in the PREA education in the offender file. During the onsite audit 10 random resident files were reviewed and found to contain completed "Preventing Sexual Abuse and Assault Training Acknowledgment" forms in each file. Documentation of resident education was dated and signed by both the staff member providing the information and the resident.

(c) The VADOC-BCCAP provides additional educational materials in the housing units in the form of painted posters and offender handbooks. Random interviews and the facility tour confirmed the existence of additional materials in most areas.

During the tour of the facility postings with reporting information and how to access outside services were observed posted on walls in multiple locations including by the phones in resident housing areas, additional information was also available on resident kiosks.

The Auditor concluded the probationer population at the VADOC-BCCAP is educated in the facility's zero tolerance policy, how to report allegations, their rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies. VADOC-BCCAP maintains appropriate documentation in the resident file. The Auditor reviewed the agency's policies, procedures, Probationer Handbook, orientation, acknowledgement form, interviewed staff and residents. Based on the review and analysis of all of the available evidence, the auditor has determined VADOC-BCCAP

Facility is fully compliant with this standard.

**115.234 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP #030.4 (Pg. 10)
2. VADOC OP #350.2 (Pg. 14)
3. VADOC-BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
4. SIU Specialized Training Certificates
5. Basic Training for Institutional Investigators PowerPoint
6. VADOC Investigations Specialized Training Agenda
7. NIC Investigations Specialized Training
8. Regional PREA Training Agenda and Roster

Interviews:

1. Facility Investigator
2. Special Investigation Unit (SIU) Investigator Interview (Phone)

SIU and Facility Investigator interviews confirmed they have received additional training in accordance with their job responsibilities. Both stated that specialized training included techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral

Site Review Observations:

Observations during on-site review of physical plant

(a) VADOC policy requires special training for staff who conduct sexual abuse investigations. Policy dictates the specialized training include the following topics:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- The criteria and evidence required to substantiate a case for administrative action and prosecution referral.

	<p>(b) Specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff was knowledgeable about the training they received.</p> <p>(c) The VADOC maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The number of investigators currently employed who have completed the required training is 20</p> <p>(d) Auditor is not required to audit this provision</p> <p>The Auditor concluded the facility provides appropriate training to investigators that conduct sexual abuse investigations. The Auditor conducted a review of policies, procedures, training records, curriculum, and interviewed investigators and determined the agency is fully compliant with the requirements of this standard.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #102.6 Staff Orientation (Pg. 7)</li> <li>2. VADOC OP #350.2 (Pg.12)</li> <li>3. VADOC OP #701.1 (Pg. 8)</li> <li>4. VADOC OP #720.7 Emergency Medical Equipment and Care (Pg. 8)</li> <li>5. VADOC-BCCAP PREA Audit: Pre-Audit Questionnaire</li> <li>6. NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>7. BCCAP Medical Staff Certificates of Completion</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff Interviews</li> </ol> <p>Medical and mental health staff interviews verified they receive training from the which includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual</p>

	<p>harassment.</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) VADOC policy requires that all full- and part-time contract medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ul style="list-style-type: none"> <li>• how to detect and assess signs of sexual abuse and sexual harassment.</li> <li>• how to preserve physical evidence of sexual abuse,</li> <li>• how to respond effectively and professionally to victims of sexual abuse and sexual harassment</li> <li>• and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ul> <p>The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is three (3).</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is 100%</p> <p>(b) The portion of the standard is Not Applicable as all forensic exams are conducted at Bluefield Regional Medical Center or another community hospital. Staff interviews confirmed this information.</p> <p>(c) VADOC-BCCAP maintains and provided documentation that medical and mental health staff has received training referenced in this standard either from the agency or elsewhere. Training records were reviewed and compliance has been met.</p> <p>The Auditor concluded medical and mental health staff at the VADOC-BCCAP are appropriately trained. The facility maintains documentation that medical and mental health staff have received specialized medical training. The Auditor conducted a review of agency policies, procedures, training curriculum, training records, interviewed medical and mental health staff and determined the agency meets the requirements of this standard.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP #730.2 (Pg. 6)
2. VADOC OP #810.1 (Pg. 5-7)
3. VADOC OP #810.2 Transferred Offender Receiving and Orientation (Pg. 4,6)
4. VADOC OP #861.1 (Pg. 6)
5. General Population-Classification Assessments and PREA Reassessments
6. Receiving-Classification Assessments and PREA Reassessments

Interviews:

1. Lieutenant Interview
2. Counselor interviews
3. Resident interviews

During Receiving Staff interviews they indicated that during the intake and classification process they utilize the Classification Assessment to determine the resident's vulnerability risk level or propensity toward predatory behavior. Information is utilized to determine housing placement. Receiving Staff stated they go over questions with the resident in private and forward information to their assigned Counselor.

During Counselor interviews they indicated they review the residents initial Classification Assessment during their initial meeting with the resident. Counselors indicated that initial meetings with new residents generally take place within the first five to seven days of arrival at the facility. Additionally, Counselors stated they reassess resident's PREA status within 14 to 21 days of the resident's arrival at the facility and document it on a PREA Reassessment form.

During resident interviews it was confirmed that staff ask PREA screening questions within the first few hours upon arrival at the facility and that questions are asked individually in a private location. Residents also confirmed that during meetings with their Counselor they are asked PREA screening questions again.

Site Review Observations:

1. Observations during on-site review of physical plant
  - (a) During the intake process Receiving staff ask questions to assess residents for their risk of being sexually abused or sexually abusive toward others.
  - (b) Interviews conducted with staff indicate intake screenings are typically completed within two hours of arrival but always take place within 72 hours of arrival at the facility.

VADOC-BCCAP reported the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk



of sexually abusing other residents within 72 hours of their entry into the facility was 259.

(c) The PREA screening assessments are conducted using an objective screening instrument which was verified by the auditor during the onsite visit.

(d) VADOC-BCCAP intake screening instrument considers:

- whether the resident has a mental, physical, or developmental disability
- whether the resident is at risk of sexual victimization
- the age of the resident
- the physical build of the resident
- whether the resident has previously been incarcerated
- whether the resident's criminal history is exclusively nonviolent
- whether the resident has prior convictions for sex offenses against an adult or child
- whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- has previously experienced sexual victimization
- the residents' own perception of vulnerability

(e) When assessing residents for risk of being sexually abusive, the resident's initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.

(f) Within 14 to 21 days from the resident's arrival at the facility, the resident's assigned Counselor reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It was confirmed during Counselor and Resident interviews that this reassessment is being completed as required by policy.

VADOC-BCCAP reported the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 251.

(g) VADOC-BCCAP reassesses a resident's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) VADOC-BCCAP does not discipline residents for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that residents would be not disciplined for refusing to answer the screening questions.

(i) VADOC-BCCAP has 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.

	<p>Information is maintained in the Resident file and kept in the Counselor's office and is only accessible to authorized staff. Entry's completed on the computer in CORIS are password protected. Ten (10) file reviews were completed, Initial screening questions and PREA Reassessment forms were found to be properly completed and filed.</p> <p>VADOC-BCCAP asks screening questions to discover each residents level of risk of sexual victimization or sexual predation during the intake process and again within 14 to 21 days. Additionally, reassessments are completes based upon any new additional information, an incident or referrals. The Auditor reviewed the agency's policies, procedures, Initial Classification and PREA Screenings, PREA Reassessment Forms, Resident Files and interviewed staff and residents. Based on the review and analysis of all of the available evidence, the auditor has determined the VADOC-BCCAP is fully compliant with this standard.</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #730.2 (Pg. 6)</li> <li>2. VADOC OP #810.1 (Pg. 5-7)</li> <li>3. VADOC OP #810.2 Transferred Offender Receiving and Orientation (Pg. 4,6)</li> <li>4. VADOC OP #861.1 (Pg. 6)</li> <li>5. Memos - Transgender and Intersex Offenders</li> <li>6. HRSA/HRSV Housing Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Receiving Staff Interviews</li> <li>2. Counselor interviews</li> <li>3. PREA Compliance Manager</li> </ol> <p>During Receiving staff interviews they confirmed that during the intake process they utilize the Initial PREA Screening information as part of the intake process and use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators.</p> <p>During Counselor interviews they indicated that they review the PREA Screening with the resident with residents during their initial meeting and offer resources to</p>

those that disclose prior abuse and make referrals to mental health when needed.

During the PREA Compliance Manager interview, she explained that she reviews all PREA Screenings. Additionally, she indicated that screening information is used to insure residents who may be vulnerable are kept separate from those that may take advantage of them. She also indicated that transgender and intersex probationer's housing and programming assignments are reassessed, at least twice each year, to ensure the assignments remain appropriate and no threats to the probationers has occurred.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC-BCCAP uses 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, bed assignments, work assignments, education assignments and program assignments.

(b) VADOC-BCCAP Receiving and Classification staff reviews the Initial PREA Screening and utilizes the information to make an individualized, case-by-case determination about how to ensure the safety of each resident while housed at the facility.

(c) When deciding where to assign transgender or intersex resident the PREA Compliance Manager along with facility leadership and medical and mental health staff determines the residents housing assignment after meeting with the resident, taking into consideration the residents own views of where they would prefer to be housed.

(d) VADOC-BCCAP policy requires that placement and programming assignments for each transgender or intersex resident is reassessed at least once per year.

(e) The PREA Compliance Manager meets with transgender or intersex individuals to discuss the residents' own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

(f) Transgender residents at the VADOC-BCCAP have the opportunity to shower separately from other residents.

(g) VADOC-BCCAP does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents. The VADOC-BCCAP does not have a dedicated unit or wing solely on the basis of identification or status.

	<p>Information is maintained in the Resident file and kept in the Counselor's office and is only accessible to authorized staff. Entry's completed on the computer in CORIS are password protected. Ten (10) file reviews were completed, Initial screening questions and PREA Reassessment forms were found to be properly completed and filed.</p> <p>The Auditor concluded VADOC-BCCAP makes individualized determinations when assigning resident's housing, bed, work, programming and education assignments. VADOC-BCCAP has appropriate policies, procedures and practices in place to protect vulnerable residents from those identified as potential abusers. The Auditor conducted a thorough review of policies, procedures, records, PREA Screenings, interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.1 (Pg. 5)</li> <li>2. VADOC OP #038.3 (Pg. 8-9)</li> <li>3. VADOC OP #801.6 Offender Services (Pg. 1)</li> <li>4. VADOC OP #803.3 (Pg. 7)</li> <li>5. VADOC OP #940.4 (Pg. 13)</li> <li>6. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>7. MOU with Action Alliance</li> <li>8. Probationer Handbook</li> <li>9. PREA Postings (English &amp; Spanish)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff Interview</li> <li>2. Random Offender Interviews</li> </ol> <p>Interviews with multiple staff verified that there are numerous ways to make PREA complaints by both staff and probationers, including the use of the probationer phone system, anonymous letters, as well as third party reporting by family and friends. The auditor reviewed investigative files for 4 allegations of sexual misconduct within the last year. Most of the allegations were reported directly to</p>

facility staff, however there were a variety of methods used. Staff also understood they could report information privately themselves through a supervisor or use of the reporting hotline.

During probationer interviews, they were able to articulate the different reporting mechanisms such as reporting to staff in writing or directly speaking with them, contacting a supervisor, calling “#55”, or telling a family member. Random probationer interviews revealed that they feel that the staff at BCCAP would take any report seriously and act immediately, regardless of the source of the information.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC policy #038.3 Prison Rape Elimination Act (PREA) states:

*"Probationers can report sexual abuse and sexual harassment, probationer 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. (5-ACI-3D-15, §115.51[a], §115.251[a])*

*a. Any probationers who is sexually assaulted should immediately notify staff that the sexual assault occurred.*

*b. Any probationers who observes, is involved in, or has any knowledge or suspicion of a sexual assault or an unauthorized relationship should immediately notify staff.*

*c. Probationers will not be required to report sexual assault to the immediate point-of-contact line officer only; an probationer or CCAP probationer/parolee may report a sexual assault to any staff member using any available method to include: (§115.51[a], §115.251[a])*

- i. Verbally in person to a staff member or through another third party who can assist the probationer or CCAP probationer/parolee in filing requests for administrative remedies*
- ii. Verbally through the probationer 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, Probationer and CCAP Probationer/Parolee Services.*

*(a) Probationers 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) Probationers can submit a written report through the complaint process; see Offender Complaints, Community Corrections.*

(b) The VADOC has an MOU with Action Alliance to operate a state-wide hotline (#55) accessible to all residents and probationers in VADOC facilities. Residents at BCCAP are informed of how to access the hotline. When the hotline is called the resident is given two options. Option #1 is for reporting and option #2 for counseling services."

During the onsite audit the hotline was tested by the auditor. The hotline was called from "B" pod using a phone accessible to residents. Following the phone test, the auditor was provided a copy of the email notification that was received by the Regional PREA/ADA Analyst Coordinator regarding the hotline call. Additionally, residents can write a request or note directly to the Superintendent and place it in the locked box just outside the dorms.

(c) The VADOC-BCCAP offender handbook instructs offenders that they may contact any custody staff, volunteer, contractor, or medical or mental health staff, report to the PREA Compliance Manager, tell a family member, friend, legal counsel, or anyone else outside the facility or Action Alliance and they can report on your behalf by calling the facility. During the site review, the auditor observed reporting information adjacent to all probationer telephones which was both posted and painted on the walls.

(d) The VADOC-BCCAP accepts reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff promptly responds to any reports of sexual abuse. Staff interviews confirmed that they report immediately to supervisors upon learning of any sexual abuse and/or harassment.

(e) VADOC Policy (0.38.3 Prison Rape Elimination Act (PREA)) allows staff to privately report sexual abuse and sexual harassment of offenders. *"Staff, contractors, volunteers, and interns can privately report the sexual abuse and sexual harassment of probationers and CCAP probationers/parolees through the established reporting hotline at 855-602-7001."*

The facility provides multiple ways for residents to report allegations of sexual abuse and sexual harassment, staff neglect and retaliation, including an outside private entity. The facility requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Resident Handbook, Probationer education materials, staff training materials, Zero-Tolerance Poster, Memorandum of Understanding, Investigative records, training records, and interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP #038.3, (Pg. 8)
2. VADOC OP #861.1, (Pg. 7, 8, 10)
3. VADOC OP #866.1, (Pg. 2-4, 7-12)
4. VADOC OP #940.4, (Pg. 13)
5. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)
6. VADOC-BCCAP Grievance Memos

Interviews:

1. Random Staff Interview
2. Random Probationer Interviews
3. PREA Compliance Manager

Interviews with random residents and staff confirmed multiple ways a resident could report allegations of sexual abuse or sexual harassment including submitting a grievance. None of the residents interviewed indicated they had filed a grievance regarding an allegation of sexual abuse or sexual harassment.

The PREA Compliance Manager explained during her interview that all resident grievances regarding PREA came to her for a final decision and understood the timeframes for responding to a PREA related grievance.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC-BCCAP permits offenders to submit grievances regarding allegations of sexual abuse without any type of time limits.

(b) VADOC-BCCAP policy states:

*(OP 038.3.) There is no time limit on when a 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.  
(\$115.52[b], \$115.252[b])*

*(OP 940.4.) The CCAP will not impose a time limit on when a CCAP probationer/parolee can submit a complaint/grievance regarding an allegation of sexual abuse.  
(\$115.252[b(1)])*

*a. Otherwise-applicable time limits will apply to any portion of the complaint that does not allege an incident of sexual abuse. (§115.252[b(2)])*

*b. Nothing in this section will restrict DOC ability to defend against a CCAP probationer/parolee lawsuit on the grounds that the applicable statute of limitations has expired. (§115.252[b(4)])*

*(c) VADOC-BCCAP policy states:*

*(OP 940.4.) Any CCAP probationer/parolee who alleges sexual abuse must be allowed to submit a complaint/grievance without submitting it to a staff member who is the subject of the complaint. The staff member may provide information during the investigation of the complaint but the complaint will not be referred to them for response. (§115.252[c])*

*CCAP staff will accept any report of PREA related issues and immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the facility Unit Head and facility PREA Compliance Manager. If applicable, an internal incident report checked PREA will be submitted in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. (§115.251[c])*

*(d) VADOC-BCCAP policy states:*

*(OP 940.4.) All complaints must receive a documented response within 30 days unless otherwise agreed. Written responses are preferred, but oral responses to oral complaints will be documented in the VACORIS Log Notes. (§115.252[d(1)])*

*The CCAP probationer/parolee may appeal to the Unit Head if not satisfied with the supervisor's response. All complaints must receive a documented response within 30 days unless otherwise agreed. Written responses are preferred, but oral responses to oral complaints will be documented in the VACORIS Log Notes. (§115.252[d(1)])*

*The Unit Head is the final level of appeal for all complaints except those complaints regarding the Unit Head and complaints alleging sexual abuse and sexual harassment.*

*The Regional Administrator will be the final level of appeal for complaints regarding the Unit Head and allegations of sexual abuse and sexual harassment. Written response should be provided within 30 days. (§115.252[d(1)])*

- A final decision on the merits of any portion of a complaint made in a CCAP alleging sexual abuse must be issued within 90 days of the initial filing of the complaint. (§115.252[d])*
- The 90-day time limit will not include time used by the CCAP probationer/parolee in preparing any administrative appeal.*
- If the normal time period for response is insufficient to make an appropriate decision, the CCAP may claim an extension of time to respond of up to 70*



days.

- *The CCAP will notify the CCAP probationer/parolee in writing of the extension and provide a date by which a decision will be made.*
- *Expiration of the 30-day time limit at any level of response or failure to provide notice of an extension will be considered a denial at that level and will qualify the complaint for appeal to the next level of review.*  
(§115.252[d(4)])

In the past 12 months, the number of grievances filed that alleged sexual abuse was zero (0)

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero (0)

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

(e) VADOC-BCCAP policy states:

*(OP 038.3.) Third parties including other probationers, CCAP probationers/parolees, staff members, family members, attorneys, and outside advocates are permitted to assist a CCAP probationer/parolee in filing their request for an administrative remedy relating to allegations of sexual abuse. (5-ACI-3D15; §115.52[e], §115.54, §115.252[e], §115.254)*

*Third parties are also permitted to file such requests on behalf of a CCAP probationer/parolee.*

- *If a third-party files such a request on behalf of a CCAP probationer/parolee, 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 personally any subsequent steps in the administrative remedy process.*
- *If the CCAP probationer/parolee declines to have the request processed on their behalf, staff must document the probationer's or CCAP probationer's/parolee's decision.*

*(OP 940.4.) Third Party Assistance (§115.252[e])*

- *Third parties, including fellow CCAP probationers/parolees, staff members, family members, community employers, attorneys, and outside advocates, will be permitted to assist CCAP probationers/parolees in filing requests for administrative remedies relating to allegations of sexual abuse and must also be permitted to file such requests on behalf of CCAP probationers/parolees.*
- *If a third-party files such a request on behalf of a CCAP probationer/parolee,*

*the CCAP may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.*

- *If the CCAP probationer/parolee declines to have the request processed on their behalf, the CCAP will document the CCAP probationer's/parolee's decision.*

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

(f) VADOC-BCCAP policy states:

*(OP 940.4.) CCAP staff will immediately forward all emergency complaints alleging that a CCAP probationer/parolee is subject to a substantial risk of imminent sexual abuse to the Shift Commander who will determine if immediate corrective action is warranted. (§115.252[f])*

- *An initial response to the complaint must be provided to the CCAP probationer/parolee within 48 hours and a final decision must be provided within five calendar days.*
- *The initial response and final decision must include a determination whether the CCAP probationer/parolee is in substantial risk of imminent sexual abuse and any action taken in response to the complaint.*

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

The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours was zero (0)

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero (0)

(g) VADOC-BCCAP policy states:

*(OP 940.4.) Disciplinary action may be brought against a CCAP probationer/parolee for filing a complaint/grievance related to alleged sexual abuse only where the CCAP demonstrates that the CCAP probationer/parolee filed the grievance in bad faith; in consultation with the Regional PREA Analyst. (§115.252[g])*

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

VADOC-BCCAP provides multiple ways for residents to report allegations of sexual abuse and sexual harassment including a formal grievance process. The Auditor

	<p>reviewed the agency’s policies and procedures, and interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, (Pg. 18)</li> <li>2. Action Alliance MOU</li> <li>3. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>4. Zero Tolerance PREA Postings (English &amp; Spanish)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Action Alliance Interview</li> <li>3. Random offender interviews</li> </ol> <p>The Auditor conducted a formal interview with the PREA Compliance Manager. The PREA Compliance Manager stated victim advocates may accompany victim of sexual abuse during the forensics examination, during interviews and meet with residents as needed for follow-up care.</p> <p>During a phone interview with Action Alliance they revealed that victim advocates can accompany the victim when requested by the victim and the advocate is contacted by the facility, law enforcement or hospital to accompany the victim. The Auditor asked the advocate if other supportive services are provided to residents. The advocate stated other crisis intervention and supportive services are offered including ono-on-one counseling. The advocate stated residents can and do contact Action Alliance through the hotline or by confidential written correspondence.</p> <p>The Auditor conducted formal interviews with residents. Each was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. Not all probationers interviewed were aware of the community support services. The residents who stated they were not aware were asked if they have seen posters on the walls in the living units and other areas in the facility. The residents had noticed information</p>

posted on the walls and stated they have not read them. Those residents were also asked if they were provided information during the intake process and if they received Handbook. They had been provided each but stated they have not read the information.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC-BCCAP provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the BCCAP Handbook and on printed and painted posters in each housing unit and in other common areas. *“ZERO TOLERANCE for Sexual Abuse and Sexual Harassment”* posters include the following information for accessing outside services.

*How do I get help? What if I just want to talk to someone?*

- *Meet with a Psychology Associate at this facility (note: they are required to report if you disclose abuse)*
- *To contact an outside advocate for free emotional support dial #55 (option 2) or write to Action Alliance, P.O. Box 17115, Richmond, VA 23226*

*Calls to the outside advocate are confidential and DOC does not have access to the recordings*

During the site review, the auditor observed mail drop boxes in various locations throughout the facility. Interviews with staff revealed that outgoing mail is not opened or searched and there are no restrictions on residents sending mail to external reporting entities, outside emotional support services, and/or legal mail.

(b) VADOC-BCCAP policy states:

*(OP #038.3) Staff will inform probationers and CCAP probationers/parolees, prior to giving them access to free outside confidential support services, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (§115.53[b], §115.253[b])*

(c) The VADOC-BCCAP is covered by a department wide MOU with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) which states they agree to provide a Hotline with contact information, Social Services and Victim advocates, which also includes participation in forensic exams, investigations and may also include follow-up visits or communications. The Auditor was provided a copy of the MOU and verified the agreement for services. The auditor verified the availability of services with Action Alliance staff, as well as facility mental health staff. The Auditor

	<p>also placed a test call to the hotline from the facility to verify this was a viable method for the residents to utilize.</p> <p>The Auditor reviewed the agency’s policies, procedures, Resident Handbook, Resident education materials, staff training materials, Zero-Tolerance Poster, Memorandum of Understanding, training records, and interviewed staff and probationers and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, (Pg. 8)</li> <li>2. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>3. VADOC Third Party Reporting Form</li> <li>4. VADOC website - <a href="https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/">https://vadoc.virginia.gov/offender-resources/prison-rape-elimination-act/</a></li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random staff interviews</li> <li>2. Random offender interviews</li> </ol> <p>Staff were asked during interviews if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation on a report.</p> <p>The Auditor asked residents if they understood they could have a family member, other resident or any other person report an allegation on their behalf; residents understood they could.</p> <p>Site Review Observations:</p>

1. Observations during on-site review of physical plant

(a,b) VADOC-BCCAP policy states:

*(OP #038.3) Third parties including other CCAP probationers/parolees, staff members, family members, attorneys, and outside advocates are permitted to assist a CCAP probationer/parolee in filing their request for an administrative remedy relating to allegations of sexual abuse. (5-ACI-3D15; §115.52[e], §115.54, §115.252[e], §115.254)*

*a. Third parties are also permitted to file such requests on behalf of a CCAP probationer/parolee.*

- i. If a third-party files such a request on behalf of a CCAP probationer/parolee, 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 personally any subsequent steps in the administrative remedy process.*
- ii. If the CCAP probationer/parolee declines to have the request processed on their behalf, staff must document the CCAP probationer's/parolee's decision.*

*b. The DOC public web site provides contact information on how to report sexual abuse and sexual harassment on behalf of a CCAP probationer/parolee. (§115.54, §115.254)*

The VADOC website (<https://vadoc.virginia.gov/probationers-and-probationers/prison-rape-elimination-act/>) contained the following information for making a third-party report.

*Report Abuse*

*If you have or someone you know has been sexually abused or sexually harassed while in custody or under the supervision of the Virginia Department of Corrections (VADOC), safely report the incident:*

- Call the 24/7 confidential reporting hotline at 1-855-602-7001*
- File a complaint by completing the Third-Party Reporting Form. The form is also available in Spanish.*
- Send an email to [PREAGrievance@vadoc.virginia.gov](mailto:PREAGrievance@vadoc.virginia.gov)*

*You can find more details in Operating Procedure 866.2 Offender Complaints - Community Corrections.*

The Auditor determined the VADOC-BCCAP accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the facility's website how to make third-party reports on behalf of probationers. The Auditor reviewed the agency's policies, procedures, website, investigative reports, training and education documents, Resident Handbook, posters, conducted

	<p>interviews with staff, contractors and probationers and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #030.4 (Pg.10)</li> <li>2. VADOC OP #038.1, (Pg 5)</li> <li>3. VADOC OP #038.3, (Pg 9)</li> <li>4. VADOC OP #720.2, (Pg 3)</li> <li>5. VADOC OP #720.7, (Pg 8)</li> <li>6. VADOC OP #730.2, (Pgs 7-8)</li> <li>7. VADOC OP #801.6, (Pg 1)</li> <li>8. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent Interview</li> <li>2. PREA Compliance Manager Interview</li> <li>3. Random Staff Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <p>(a) VADOC-BCCAP requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to 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. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty</p> </li> </ol>

	<p>not to discuss the allegations with anyone not directly involved in the response and investigation.</p> <p>(b) Apart from reporting to designated supervisors or officials, the BCCAP staff refrains 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. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.</p> <p>(c) VADOC-BCCAP medical and mental health staff inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services</p> <p>(d) VADOC-BCCAP does not regularly house offenders under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws</p> <p>(e) BCCAP staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to their immediate supervisor, Agency PREA Coordinator, or designee for investigation. Staff interviewed were aware of their reporting responsibilities.</p> <p>The Auditor concluded staff and contractors are aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. Interviews with medical and mental health practitioners reveal they understand the requirements for reporting sexual abuse which occurred in the community, in a confinement setting. The Auditor reviewed agency policies, procedures, investigative reports, training materials, interviewed staff, medical and mental health practitioners and probationers and</p> <p>determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <p style="margin-left: 40px;">1. VADOC OP #038.3, (Pg 9)</p>



2. VADOC OP #730.2, (Pg 6)
3. VADOC OP #830.6, (Pg 1)
4. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Random Staff Interviews
2. PREA Compliance Manager Interview
3. Superintendent Interview

Random staff interviews indicate they are clear about their duty to act immediately if a resident is at risk of sexual abuse. Staff were able to articulate the steps they would take and act immediately to protect the resident. Staff indicated they would immediately remove the resident from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the resident was kept safe, away from the threat and an initial investigation is completed by the supervisor.

Classification staff and facility leadership would also be notified.

Higher level staff including the Superintendent interviewed by the Auditor were knowledgeable of their responsibility for the protection of probationers identified as being at imminent risk of sexual abuse. Options include relocating the resident to a different housing unit at the facility or transferring the probationer to another facility. These actions are determined on a case-by-case basis

Site Review Observations:

1. Observations during on-site review of physical plant

(a) According to VADOC policy, when the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, the BCCAP will take immediate action to protect the offender. The BCCAP reported one instance of substantial risk of imminent sexual abuse during the reporting period. The offender was subsequently moved from the unit. Interviews with the Superintendent and PREA Compliance Manager indicated any information received that alleges an offender is at substantial risk of imminent sexual abuse would require immediate removal of the offender and to isolate the threat.

In the past 12 months, the number of times the agency or facility determined that an probationer was subject to a substantial risk of imminent sexual abuse was zero (0)

The Auditor concluded the VADOC-BCCAP takes immediate and appropriate actions to ensure the protection of probationers who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policies, procedures, classification records, investigative records, housing records, conducted interviews with staff and probationers, made observations and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the

	available evidence, the auditor has determined that the agency is fully compliant with this standard.
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #030.4, Pg 10</li> <li>2. VADOC OP #038.3, Pg 9</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent Interview</li> <li>2. PREA Compliance Manager Interview</li> </ol> <p>The Superintendent and PREA Compliance Manager stated that upon receiving an allegation that a resident was assaulted at another facility, the Superintendent would call the Facility Head at the facility where the alleged assault occurred, followed by an email to document the notification. The Superintendent stated she would make the notification within 72 hours of receiving the information but typically would make the notification as soon as he receives it. The Superintendent stated that if she receives notification from another facility that a former resident has alleged sexual abuse while incarcerated at BCCAP, she would ensure the facility investigator is notified, and an investigation would immediately be initiated.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant       <ol style="list-style-type: none"> <li>(a) VADOC policy states that upon receiving an allegation that an offender was sexually abused while confined at another facility, the Superintendent/Designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</li> </ol> <p>During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero (0).</p> <ol style="list-style-type: none"> <li>(b) VADOC policy states that within 72 hours of receipt of an allegation an offender was sexually abused while confined at another facility, the receiving Superintendent/designee shall notify the Superintendent/designee where the</li> </ol> </li> </ol>

	<p>incident was alleged to have occurred and the agency PREA Coordinator.</p> <p>(c) The VADOC-BCCAP documents all such notifications</p> <p>(d) The Agency PREA Coordinator will initiate an investigation on any notifications that they receive from another facility.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero (0).</p> <p>The VADOC-BCCAP Superintendent fully understands the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members at the VADOC-BCCAP understand the agency's requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency's policies, procedures, completed notifications and interviewed staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #030.4, (Pg. 6)</li> <li>2. VADOC OP #038.3, (Pg. 10)</li> <li>3. VADOC OP #075.1, (Pg. 6)</li> <li>4. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>5. Staff Training Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Investigator Interview</li> </ol> <p>During random staff interviews, security staff was asked to explain their steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would notify their supervisor after separating the residents and waiting for further instructions. The staff were able to describe their response procedures and the steps they would take, including separating the alleged</p>

perpetrator and victim and securing the scene and protecting potential evidence. The Auditor was informed the scene would be sealed and remain so until the assigned Investigator arrived to process the scene.

An interview with the Investigator indicated that once the initial steps were done and the scene was secure, SIU would be notified, depending on the nature of the investigation.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC-BCCAP staff upon learning of an allegation that an offender was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and 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.

In the past 12 months, the number of allegations that a probationer was sexually abused was zero (0).

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero (0).

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero (0).

Of these allegations in the past 12 months where staff were notified within a time

	<p>period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero (0).</p> <p>(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Of the allegations that an probationer was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero (0).</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was zero (0).</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff zero (0).</p> <p>The Auditor determined both security and non-security personnel are knowledgeable in their duties as first responder. The Auditor reviewed agency policies, procedures, investigative records, training records, conducted interviews with staff and contractors and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, (Pg 10)</li> <li>2. VADOC OP #075.1, (Pg 6)</li> <li>3. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> <li>4. VADOC Sexual Assault Response Checklist Form</li> <li>5. BCCAP PREA Response Plan</li> <li>6. BCCAP PREA Response Checklist</li> </ol> <p>Interviews:</p>

	<ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. PREA Compliance Manager Interview</li> <li>3. Medical/Mental Health Staff Interviews</li> <li>4. Investigator Interview</li> </ol> <p>The Auditor conducted formal interviews with security staff who act as first responders. Each was asked to explain the actions they take following an incident of sexual abuse. Each staff member understood their responsibilities when responding to an incident of sexual abuse. Staff provided answers consistent with their coordinated response plan. Facility leadership and supervisors articulated their responsibilities in accordance with their coordinated response plan as well.</p> <p>The Auditor conducted formal interviews with facility medical and mental health practitioners. Each explained their responsibilities in response to a sexual abuse incident.</p> <p>Investigators informed the Auditor of their responsibilities while conducting an administrative investigation and coordinating and assisting in criminal investigations.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) VADOC policy requires a written coordinated response plan for each facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, medical and mental health practitioners, investigators, and victim advocate services.</li> </ul> </li> </ol> <p>The Auditor determined VADOC-BCCAP's coordinated response plan includes actions to ensure personnel respond appropriately to incidents of sexual abuse. The Auditor reviewed policies, procedures, investigative records and interviewed staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

	<p>1. VADOC OP #135.1, (Pg. 22-24)</p> <p>Interviews:</p> <p>1. Eastern Region PREA/ADA Analyst</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>Nothing in VDOC policy or contract limits their ability to remove alleged staff sexual abusers from contact with any inmate or probationer pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that this standard is in compliance.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>VADOC OP 038.3, Pg. 13-14  VADOC OP 135.1, Pg. 2  VADOC OP 135.2, Pg. 7  PREA Retaliation Monitoring Forms  BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</p> <p>Interviews:</p> <p>1. PREA Compliance Manager Interview</p> <p>During the interview with the PREA Compliance Manager she indicated that when monitoring for retaliation, she reviews disciplinary charges and Incident Reports and any other actions related to the resident, including documents maintained in the resident's file and their electronic record. She stated that anytime anything changes she will look at those actions. She also indicated she will make referrals to medical and mental health as needed. The monitoring will also include periodic status checks. She indicated that the monitoring period is 90 days but would be extended</p>

if needed.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC policy outlines a process to protect all offenders and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The BCCAP PREA Compliance Manager is responsible for monitoring.

(b) VADOC-BCCAP has multiple protection measures, such as 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 or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) The PREA Compliance Manager will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of offenders or staff who reported the sexual abuse 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 shall act promptly to remedy any such retaliation. The PREA Compliance Manager also monitors any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Compliance Manager may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months was zero (0)

(d) The PREA Compliance Manager conducts status checks and ensures that information is documented.

(e) The PREA Compliance Manager also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

VADOC-BCCAP provided "PREA Retaliation Monitoring Forms" for the residents who had made allegations over the past 12 months with the preaudit documentation.

These were also reviewed with the PREA Compliance Manager during the site review.

The VADOC-BCCAP has designated specific staff (PREA Compliance Manager) responsible for monitoring acts of retaliation against probationers and staff as required by this standard. The staff member responsible for monitoring for retaliation was well educated in her responsibilities of such. The Auditor reviewed the agency's policies and procedures, investigative reports, monitoring forms and conducted formal interviews with staff and probationers and determined the facility meets the requirements of this standard. Based upon the review and analysis of all



of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

**115.271 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC #OP 030.4, (Pg. 10-11)
2. VADOC #OP 038.3, (Pg. 11,12,15)
3. VADOC Investigations Matrix
4. SIU Specialized PREA Training
5. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)

Interviews:

1. Facility Investigator Interview
2. SIU Interview (Phone)

The Auditor conducted a formal interview with the facility's designated PREA Investigators. The Auditor asked the Investigators to describe the process when investigating an allegation. She stated she interviews the victim, alleged perpetrator, witnesses, and staff, if applicable. She will review the scene, and preserve any evidence, if necessary. In accordance with the standard, she may gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. She reviews criminal histories on all residents involved, disciplinary history, incident reports, and classification actions. The investigator reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. She keeps facility leadership advised of the progress of investigation. If at any point during the investigation she feels there could be potential criminal charges involved, the investigation would be reviewed and forwarded to the Special Investigation Unit (SIU).

During a phone interview with the SIU Investigator he indicated that after being assigned an investigation he would gather and review the initial reports. He stated he interviews the victim, alleged perpetrator, witnesses, and staff, if applicable. He will review the scene, and preserve any evidence, if necessary. In accordance with

the standard, he may gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. He reviews criminal histories on all residents involved, disciplinary history, incident reports, and classification actions. The investigator reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. Additionally, if applicable he will contact the Commonwealth Attorney for referral and consultation as warranted. The Investigators stated they begin the investigation immediately after receiving an allegation.

Site Review Observations:

Observations during on-site review of physical plant

(a) VADOC policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) Where sexual abuse is alleged, the VADOC uses investigators who have received specialized training in sexual abuse investigations as required by 115.34 and the Agency PREA Coordinator will be notified immediately.

(c) VADOC Investigators will 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. All reports will be provided to the VADOC Investigators as soon as possible.

(d) VADOC SIU Investigators are responsible for the criminal investigations that maybe referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero (0).

(e) An interview conducted with the Facility Investigator confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as an offender or staff. The VADOC investigates all allegations of sexual abuse.

(f) VADOC-BCCAP conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.

(g) VADOC staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence to Investigators.

(h) VADOC-BCCAP retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

	<p>(i) VADOC 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.</p> <p>(j) Auditor not required to audit this provision</p> <p>(k) VADOC staff provides all of their internal reports to the PREA Compliance Manager and Facility Investigator as soon as possible following an allegation. VADOC staff cooperates with investigators as requested.</p> <p>The Auditor determined that VADOC investigators conduct appropriate, objective and thorough sexual abuse and sexual harassment investigations. Facility Investigators have received appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. Each allegation in the previous 12 months, including sexual harassment and sexual abuse, was investigated by a trained facility Investigator. The facility referred all criminal allegations to the VADOC Special Investigation Unit for criminal investigation. The Auditor reviewed facility policy, procedures, investigative records, training records, interviewed staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #135.2, (Pg. 5)</li> <li>2. VADOC OP #861.1, (Pg. 32)</li> <li>3. VADOC Memo Preponderance of Evidence Standard</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator Interview</li> <li>2. SIU Interview (Phone)</li> </ol> <p>During interviews with the Facility investigator and SIU Investigator, the auditor was informed the agency’s policy requires investigators use a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Investigators were questioned about the meaning of preponderance. Both explained preponderance is more evidence one way or the other. Investigators stated 51</p>

	<p>percent would substantiated the allegation.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ol style="list-style-type: none"> <li>(a) VADOC policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The SIU Criminal Investigator and/or the facility's PREA Investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.</li> </ol> </li> </ol> <p>The Auditor determined facility Investigators utilize a preponderance of evidence as the basis to substantiate sexual abuse and sexual harassment allegations. The Auditor reviewed the agency's policy; procedures, investigative report and interviewed facility investigators. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. OP 030.4, pg 11</li> <li>2. OP 038.3, pg 12</li> <li>3. BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator Interview</li> <li>2. SIU Investigator Interview (Phone)</li> </ol> <p>During interviews, the Facility Investigator informed the Auditor that they notify residents of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the victim when criminal charges are placed on the abuser or the abuser has been convicted. The PREA Compliance Manager would make those notifications when they are received from the Special Investigations Unit (SIU). The Auditor was informed by the Facility Investigator that they maintain</p>

a good working relationship with the SIU and would have no problem obtaining that information.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Following an investigation into an offender's allegation that he suffered sexual abuse the BCCAP informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero (0).

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was zero (0).

(b) The facility investigator provides the notification in writing to the offender.

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero (0).

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero (0).

(c) Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility investigator will subsequently inform the offender whenever: the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following an offender's allegation that he has been sexually abused by another offender, the facility investigator will 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 or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was two (0).

	<p>Of those notifications made in the past 12 months, the number that were documented was zero (0).</p> <p>(f) Auditor is not required to audit this provision</p> <p>The Auditor concluded the VADOC informs residents of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies, procedures, notifications to residents and conducted interviews with Investigators. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #135.1, (Pg 11)</li> <li>2. VADOC OP #135.2, (Pg 5)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent Interview</li> <li>2. Random Staff Interviews</li> </ol> <p>During interviews with staff, each staff member was aware of the agency’s policy making termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The facility’s command staff has a zero-tolerance approach and disciplines staff for violating the agency’s sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility recommends termination of a staff member who engages in sexual abuse with a resident.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>(a) VADOC policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.</p> <p>(b) VADOC policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p>

	<p>In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0).</p> <p>In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).</p> <p>(c) VADOC policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) was zero (0).</p> <p>(d) The terminations for violations of agency sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).</p> <p>The VADOC has appropriate policies to ensure agency personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and that appropriate agencies are notified. The Auditor conducted a review of the agency’s policies, procedures, investigative files and disciplinary records and interviewed staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #027.1, (Pg. 12)</li> <li>2. VADOC OP #135.2,( Pg. 5)</li> </ol>

	<p>Interviews:</p> <p>1. Contract Staff Interview</p> <p>The Auditor conducted formal interviews with contract staff. Each individual interviewed was aware of the agency’s zero-tolerance policy and discipline sanctions for violating those policies. Each was aware they would be removed from contact with probationers following an allegation of sexual abuse and would be removed from facility access if found to have engaged in such acts. They were also aware the facility reports such actions to law enforcement for criminal investigation.</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) VADOC policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of probationers was zero (0)</p> <p>(b) VADOC policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>Volunteers and contract staff are made aware of the agency’s sexual abuse and sexual harassment policies during their initial orientation. Training is provided to contractors and volunteers by facility personnel. At the completion of their training each signs an acknowledgement form noting their understanding of the provided training. The training educates volunteers and contract staff that violations of sexual abuse and sexual harassment policies are subject to removal as well as criminal prosecution. The Auditor verified all volunteers and contractors received the training.</p> <p>The VADOC maintains appropriate policies to ensure contract staff and volunteers at the VADOC are removed from resident contact after committing an act of sexual abuse or sexual harassment. The Auditor reviewed the agency’s policies, procedures, training documents, and conducted formal interviews with contract staff and volunteers. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP #038.3, (Pg 4)
2. VADOC OP #038.3, (Pg 8,9)
3. VADOC OP #820.2, (Pg 4,5)
4. VADOC OP #830.3, (Pg 6)
5. VADOC OP #861.1, (Pg 6,8,11,12,15,21)

Interviews:

1. Facility Investigator Interview
2. Medical/Mental Health Interviews

During the interview with the Facility Investigators the Auditor asked if they had placed disciplinary charges against a resident for violating sexual abuse and sexual harassment policies. They indicated there was one in the last year. Additionally, the Auditor was informed disciplinary charges are placed on residents following a criminal or administrative finding of sexual abuse or harassment. The Auditor asked the investigators if an resident had ever been disciplined for filing a false allegation. Neither were aware of any.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor was informed counseling, therapy and other interventions are offered to address and correct underlying reasons or motivations for committing acts of sexual abuse if the probationer requests such. The Auditor was informed an probationer's participation in such interventions would not hinder the probationer's ability to attend programming or other privileges. Mental health staff stated they do try to address underlying issues for perpetrators of sexual abuse when requested.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Offenders at VADOC-BCCAP are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. Offenders are made aware of the disciplinary process which is located in the VADOC-BCCAP Offender Handbook.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0)

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0)

(b) The VADOC-BCCAP Offender Handbook reflects that sanctions shall be

commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

(c) The BCCAP disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Medical and Mental Health also discussed during the audit that they have discussed an offender's mental disabilities prior to a sanction being given.

(d) The BCCAP provides therapy and other counseling services.

(e) The VADOC-BCCAP will discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) 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 does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) The VADOC-BCCAP has a zero-tolerance policy concerning sexual contact.

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for residents. Facility personnel ensure the policy is applied when choosing whether to discipline a resident for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, investigative records, interviewed staff, medical and mental health practitioners.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.282	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:  <ol style="list-style-type: none"><li>1. VADOC OP #038.3, (Pg 10)</li><li>2. VADOC OP #075.1, (Pg 6)</li><li>3. VADOC OP #720.4, (Pg 5)</li><li>4. VADOC OP #720.7, (Pg 7,8)</li><li>5. VADOC OP #730.2, (Pg 7)</li></ol> Interviews:

	<ol style="list-style-type: none"> <li>1. Medical Staff Interview</li> <li>2. Mental Health Staff Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) VADOC policy states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</li> <li>(b) VADOC-BCCAP staff act as security staff first responders, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</li> <li>(c) VADOC-BCCAP staff confirmed that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</li> <li>(d) Treatment services are 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.</li> </ul> </li> </ol> <p>The Auditor determined the facility provides residents access to timely and unimpeded emergency medical services. Medical practitioners provide probationer victims with sexually transmitted infections prophylaxis. The Auditor reviewed the agency's policies, procedures, medical records, investigative records, Resident handbook and interviewed staff, victim advocates and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:

1. VADOC OP #720.1, (Pg 3)
2. VADOC OP #720.4, (Pg 5)
3. VADOC OP #720.7, (Pg 9)
4. VADOC OP #730.2, (Pg 7,8)

Interviews:

1. Medical Staff Interview
2. Mental Health Staff Interview

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority.

(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.

(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.

(d) This portion of the standard is non-applicable; BCCAP is an all-male facility.

(e) This portion of the standard is non-applicable; BCCAP is an all-male facility.

(f) Offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

(g) Medical co-payment fees are not imposed to offenders for any medical services.

(h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.

VADOC-BCCAP staff had protocols in place to assist in expediting an offender to UVA Medical Center for emergency services. In an instance that the hospital has an advocate on site they will accompany the victim during the exam. Otherwise, BCCAP staff will contact the Region PREA/ADA Analyst or Action Alliance directly to provide a victim advocate upon request from the offender during the forensic medical examination.

Interviews with the medical staff confirmed that offenders (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff indicated that services begin immediately upon

	<p>notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the offender's medical/mental health record. Medical staff has a tracking system of documenting all PREA incidents that occur at the facility.</p> <p>Medical staff's interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Medical staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.</p> <p>The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis, testing and make referrals for continued care when necessary. The services provided to resident victims are consistent with a community level of care. The Auditor reviewed policies, procedures, medical records, interviewed medical and mental health practitioners and the forensic nurse. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>VADOC - OP 038.1, pgs 10-12</p> <p>VADOC - OP 038.3, pg 14</p> <p>BCCAP PREA Audit: Pre-Audit Questionnaire (Prisons and Jails)</p> <p>Sexual Abuse Incident Reviews (Incident Review Team meetings)</p> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent Interview</li> </ol>

2. PREA Compliance Manager Interview
3. Eastern Region PREA/ADA Analyst
4. Facility Investigator
5. Medical Staff Interview

Interviews with the PREA Compliance Manager, Facility Investigator and Superintendent confirms if there is an incident that required a review it is completed as required. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Superintendent. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Superintendent will review the recommendations. The PCM also stated recommendations would be implemented, or the reasons for not doing so would be documented.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) VADOC policy requires 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.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents was zero (0).

(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents was zero (0).

(c) The review team includes the Superintendent, PREA Compliance Manager Regional PREA/ADA Analyst, facility investigator, medical and mental health staff.

(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision

	<p>by staff.</p> <p>(e) VADOC policy requires the implementation of recommendations or documents its reasons for not doing so.</p> <p>The Auditor determined the facility does conduct incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the agency’s policies, procedures, Incident Review reports, training records, investigative record and conducted interviews with staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, (Pg 19)</li> <li>2. VADOC-BCCAP Annual Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Regional PREA/ADA Analyst</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>(a) The VADOC-BCCAP collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</p> <p>(b) The Facility PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the Region PREA/ADA Analyst and posts it on the VADOC website. <a href="https://vadoc.virginia.gov/general-public/prison-r-ape-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-r-ape-elimination-act-reports/</a></p> <p>(c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p>

	<p>(d) VADOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>(e) VADOC obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its offenders.</p> <p>(OP #038.3) Incident-based and aggregated data is collected from every private facility with which the DOC contracts for the confinement of probationers and CCAP probationers/parolees. (§115.87[e], §115.287[e])</p> <p>(f) VADOC upon request provides all such data from the previous calendar year to the Department of Justice.</p> <p>The last request for data was provided to the DOJ in 2021.</p> <p>The Auditor observed evidence the facility collects and aggregates and analyses sexual abuse data annually. The reported data is derived from a standardized set of definitions. The Auditor reviewed the agency’s policies, procedures, website, Annual Report and interviewed staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, (Pg 14,15)</li> <li>2. VADOC-BCCAP Annual Reports</li> <li>3. VADOC website - <a href="https://vadoc.virginia.gov/general-public/prison-rape-e-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-rape-e-elimination-act-reports/</a></li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Regional PREA/ADA Analyst</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol>



	<p>(a) The Regional PREA/ADA Analyst collects, reviews and aggregates data pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) VADOC-BCCAP annual report includes 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</p> <p>(c) The BCCAP’s annual report is prepared by the Regional PREA/ADA Analyst and approved by the Director of Corrections and made available to the public on the VADOC website. <a href="https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/</a></p> <p>(d) VADOC indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</p> <p>The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data and includes such data from the review in an annual report. The facility attempts to addresses problem areas and corrective actions taken on an annual basis. The annual report is approved by the Sheriff and published on the agency’s website. The Auditor reviewed the agency’s policies, procedures, website, Annual Report and interviewed staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Virginia Department of Corrections (VADOC) Brunswick Community Corrections Alternative Program (BCCAP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. VADOC OP #038.3, (Pg15)</li> <li>2. VADOC website - <a href="https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/</a></li> </ol> <p>Interviews:</p>

	<p>1. Regional PREA/ADA Analyst</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) VADOC-BCCAP ensures that data collected pursuant to § 115.87 is securely retained.</p> <p>(b) VADOC-BCCAP makes all aggregated sexual abuse data readily available to the public at least annually through its website. - <a href="https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/</a></p> <p>(c) VADOC removes all personal identifiers before making aggregated sexual abuse data publicly available.</p> <p>(d) VADOC maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection.</p> <p>The Auditor reviewed the facility’s policy, procedures, website, annual report, interviewed staff. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the Virginia Department of Corrections (VADOC) web page <a href="https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/</a>. The page has posted audit reports for their forty-three (43) facilities.</p> <p>The auditor had access to the entire facility and was able to conduct confidential staff and offender interviews and was provided documentation as need to assess compliance with the standards. Offenders were aware they could send confidential correspondence to the auditor. Pre-audit postings were seen in all areas of the facility.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the Virginia Department of Corrections (VADOC) web page <a href="https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/">https://vadoc.virginia.gov/general-public/prison-rape-elimination-act-reports/</a>. The page has posted audit reports for their forty-three (43) facilities.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female 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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	



	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	



	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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