



Virginia Department of Corrections

Authority, Inspection, and Auditing

Operating Procedure 030.3

Monitoring and Assessment of DOC Performance and Progress

Authority:

Directive 030, *Audits and Investigations*

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Academy (ASD) - Any DCJS certified training school operated by the DOC; includes the Academy for Staff Development - Central Campus (ASD-C), Academy for Staff Development - Western Campus (ASD-W), Academy for Staff Development - Eastern Campus (ASD-E), and satellite academies (including institutional training schools).

Acute Care Unit - A designated treatment unit licensed to provide inpatient mental health and wellness services for inmates whose functioning is so severely impaired by a mental disorder that they meet the criteria for involuntary admission.

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion.*

Corrections Officer - A duly sworn employee of the Department of Corrections whose normal duties relate to maintaining immediate control, supervision, and custody of prisoners confined in any state correctional facility; includes all uniformed security staff.

Department of Corrections (DOC) Headquarters - The building located at 6900 Atmore Drive, Richmond, Virginia that serves as the Central Office and Administrative Headquarters of the Virginia Department of Corrections.

Department of Criminal Justice Services (DCJS) - The agency with statutory authority to establish compulsory minimum entry-level, in-service, and advanced training standards for Corrections Officers, and time limits for completion of such training, qualifications for certification of criminal justice instructors, and standards for criminal justice training centers.

Evidence Based Practices (EBP) - Correctional decision making derived from research findings about practices proven to change inmate/probationer/parolee behavior thereby reducing the risk for recidivism.

Fraud, Waste, and Abuse Hotline - The Hotline is administered by the Office of the State Inspector General. The Hotline's major objectives include providing a confidential method for state employees and citizens to report suspected occurrences of fraud, waste and abuse in state agencies and institutions; investigating such occurrences to determine their validity; and, if valid, making appropriate recommendations to eliminate these occurrences.

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers.

Institutional Program Manager (IPM) - The position at an institution that coordinates program activities, monitors VACORIS for accurate data entry, and ensures programs are being offered with fidelity.

Mandatory Standard – A standard which directly affects the life, health, and safety of employees, inmates, and probationers/parolees.

Mental Health Residential Treatment Unit - A designated licensed treatment unit where mental health and wellness services are provided to inmates who are unable to function in a general population setting due to a mental disorder but who typically do not meet the criteria for admission to an Acute Care Unit in accordance with 12VAC35 105, *Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services*; see Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)* for anything regarding Sex Offender Residential Treatment.

Organizational Unit - A DOC unit, such as a correctional facility, Regional Office, Probation and Parole Office, Virginia Correctional Enterprises, Academy for Staff Development, Infrastructure and Environmental Management Unit, Agribusiness Unit, and individual Headquarters units, e.g., Human Resource, Offender Management, Internal Audit.

Operations Efficiency Measures - Data elements submitted on a periodic basis by operational units to report major developments in each department or administrative unit, major incidents, population data, assessment of staff and inmate/probationer/parolee morale, and major problems and plans for solving them; this data is used for assessing and documenting achievement of goals and objectives by the DOC and individual operational units.



Outpatient Services - Services for inmates with mental disorders who are able to make a satisfactory adjustment in General Population settings or Restorative Housing Units and who do not need the level of services provided by an Acute Care or Residential Treatment Unit.

P&P Officer - Any Chief P&P Officer, Deputy Chief P&P Officer, Senior P&P Officer, or P&P Officer authorized by a Circuit Court Judge.

Prison Rape Elimination Act (PREA) - Federal law, 34 U.S.C. Chapter 303, *Prison Rape Elimination*, and regulatory standards, 28 CFR Part 115, *Prison Rape Elimination Act National Standards*, proscribing background checks, training, reporting, and response requirements designed to eliminate sexual abuse and sexual harassment of inmates and CCAP probationers/parolees.

Quality Improvement (QI) Plan - A document that provides guidance for the delivery of safe and quality health care through continuous improvements.

Sex Offender Residential Treatment (SORT) Program - A structured residential treatment program providing the DOC's most intensive level of sex offender treatment to inmates identified as medium to high risk of sex offense recidivism.

Standard - A statement that defines a required or essential condition to be achieved or maintained.

Work Center - A minimum-security facility designed to provide suitable confinement for low risk inmates and to facilitate an increase in the productivity of these inmates through work activity.



PURPOSE

This operating procedure addresses the monitoring and assessment of Department of Corrections (DOC) operational areas to accomplish the VADOC mission, vision, goals, and objectives established in the *VADOC Strategic Plan*.

PROCEDURE

I. External Assessments and Accreditations

A. American Correctional Association (ACA)

1. The ACA assigns a visiting committee to audit DOC Organizational Units for compliance with the appropriate ACA Accreditation for Corrections Standards every three years as follows;
 - a. DOC headquarters is audited under the *Standards for Administration of Correctional Agencies*;
 - b. institutions and associated work centers are audited under the *Performance-Based Standards and Expected Practices for Adult Correctional Institutions*; (5-ACI-1A-17)
 - c. field units and CCAPS are audited under the *Performance-Based Standards for Adult Community Residential Services*;
 - d. probation and parole (P&P) offices are audited under the *Performance-Based Standards for Adult Probation and Parole Field Services*;
 - e. the Academy (ASD) and the training programs are audited under the *Standards for Correctional Training Academies*; and
 - f. Virginia Correctional Enterprises (VCE) is audited under the *Performance-Based Standards for Correctional Industries*.
2. A designated facility employee must submit the following ACA published documents to the *Performance Based Standards & Expected Practices Accreditation Department* before the anniversary of the Organizational Unit's last accreditation date. (5-ACI-1A-19)
 - a. *Annual Report*;
 - b. *Significant Incident Summary*; and
 - c. *Outcome Measures Work Sheet*.

B. Prison Rape Elimination Act (PREA)

1. Department of Justice (DOJ) certified auditors must audit institutions and CCAPs every three years for compliance with the DOJ National PREA Standards.
2. Institutions are audited under the *National PREA Standards Subpart A - Standards for Adult Prisons and Jails*.
3. CCAPS are audited under *National PREA Standards Subpart C - Standards for Community Confinement Facilities*.

C. Mental Health Facilities

1. The following mental health facilities are licensed under, and regulated by, the Virginia Department of Behavioral Health and Developmental Services (DBHDS); see Operating Procedure 730.3, *Mental Health Services: Levels of Service*, and Operating procedure 735.2, *Sex Offender Treatment Services (Institutions)*:
 - a. acute care units;
 - b. mental health residential treatment units; and
 - c. Sex Offender Residential Treatment Program (SORT) Units.
2. Marion Correctional Treatment Center (MCTC)
 - a. MCTC is licensed by the DBHDS as a Behavioral Health Care facility providing acute care,



outpatient, and residential mental health services; and

- b. MCTC is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

D. Other Certifications and Audits

- 1. The Virginia Department of Criminal Justice Services (DCJS) certifies the ASD and Corrections Officer training programs.
- 2. The Auditor of Public Accounts (APA) conducts an annual independent financial audit of the DOC that includes all facilities and operating units.

II. Security Vulnerability Assessments

A. Facility Vulnerability Self-Assessments

- 1. The Facility Unit Head or designee must assign employees each year to complete the facility’s *Security Vulnerability Self-Assessment* which evaluates the effectiveness of facility operations and security systems, using:
 - a. Attachment 1, *Security Vulnerability Assessment – Institutions*; or
 - b. Attachment 2, *Security Vulnerability Assessment - Community Corrections Alternative Programs*. (5-ACI-1A-17)
- 2. Employees must complete the facility self-assessment as follows:

Sections	Assessment Period	Report Due to Regional Administrator
I - X	June 1 thru July 31	August 15
XI - XV	August 1 thru September 30	October 15
XVI - XXI	October 1 thru December 31	January 15

- 3. The Facility Unit Head or designee must report the assessment results to the respective Regional Administrator.
 - a. The report must include a copy of the following completed documents:
 - i. Report of Security Vulnerability Self-Assessment 030_F15;
 - ii. Assessment Results;
 - iii. Non-Compliance Report; and
 - iv. Corrective Action Plan(s) 030_F16.
 - b. If a *Procedure Variance Request* 010_F11 is needed, The Facility Unit Head or designee must also submit it as part of the report.
- 4. The Facility Unit Head or designee must retain the original Attachment 1, *Security Vulnerability Assessment – Institutions* or Attachment 2, *Security Vulnerability Assessment - Community Corrections Alternative Programs* documents on file at the facility.

B. Security Vulnerability Assessment (SVA) Teams

- 1. Each year an SVA Team must conduct a *Security Vulnerability Assessment* at institutions and CCAPs using the same version of the below as used by the facilities for self-assessments:
 - a. Attachment 1, *Security Vulnerability Assessment – Institutions*; or
 - b. Attachment 2, *Security Vulnerability Assessment - Community Corrections Alternative Programs*.
- 2. SVA Teams
 - a. The Security Operations and Emergency Preparedness Administrator must appoint SVA team members.



- b. Each SVA Team will consist of at least four members.
- c. If more than four team members are needed, the appropriate number of SVA members required to complete an accurate facility assessment will be appointed.
- d. Reasonable efforts will be taken to ensure the assessment team reflects a diverse assortment of disciplines.
- e. The composition of each assessment team must be approved by the:
 - i. Security Operations and Emergency Preparedness Administrator;
 - ii. Deputy Director for Institutions or Deputy Director for Community Corrections; and
 - iii. Chief Deputy Director.
- f. SVA Team members must comply with the travel and reimbursement requirements in Operating Procedure 240.1, *Travel*.

3. Corrective Action for Non-Compliance

- a. The Facility Unit Head must submit a *Corrective Action Plan 030_F16* or *Procedure Variance Request 010_F11* for items found not in compliance to the SVA Corrective Action Plans mailbox (SVA_CAP@vadoc.virginia.gov).
- b. The *Corrective Action Plan 030_F16* or *Procedure Variance Request 010_F11* must be submitted within 15 calendar days following receipt of the final assessment document.
- c. A designated employee must:
 - i. review the *Corrective Action Plan 030_F16* from the SVA Corrective Action Plans mailbox; and
 - ii. forward the *Corrective Action Plan 030_F16* to the respective Regional Administrator for review and approval.

4. For each item found not in compliance, Regional Administrators must submit a letter to the appropriate Deputy Director outlining the approved *Corrective Action Plans*.

5. Mandatory Reassessments

- a. The SVA Team must conduct a follow-up *Security Vulnerability Assessment* within six months when the SVA Team determines a facility is non-compliant with:
 - i. three or more mandatory standards; or
 - ii. at least one mandatory standard in the Key Control or Tool Control section of the SVA.
- b. In addition to reassessing the entire Tool Control and Key Control sections of the SVA document, SVA Teams must conduct the follow-up SVA using:
 - i. Attachment 3, *Mandatory Standards Vulnerability Reassessment - Institutions*; or
 - ii. Attachment 4, *Mandatory Standards Vulnerability Reassessment - CCAP*.
- c. A facilities' failure to correct all deficiencies related to a mandatory standard must be referred to the Deputy Director for Institutions or Deputy Director for Community Corrections for further action.

III. Staff Safety and Security Vulnerability Assessments-P&P Offices

A. The Chief P&P Officer or designee must:

- 1. conduct and document an annual *Staff Safety and Security Vulnerability Assessment 030_F17* for the P&P Office; (4-APPFS-3D-09)
- 2. complete the *Staff Safety and Security Vulnerability Assessment 030_F17* in March of each calendar year; and
- 3. submit the *Staff Safety and Security Vulnerability Assessment 030_F17* and a *Corrective Action Plan 030_F16* to the SVA Corrective Action Plans mailbox (SVA_CAP@vadoc.virginia.gov) for items found not in compliance.



4. The assessment and corrective action plan must be submitted within 15 calendar days of assessment completion.
5. A designated employee must:
 - a. review the *Corrective Action Plan 030_F16* from the SVA Corrective Action Plans mailbox; and
 - b. forward the *Corrective Action Plan 030_F16* to the respective Regional Administrator for review and approval.
- B. The Security Operations and Emergency Preparedness Administrator may assign employees to perform a *Staff Safety and Security Vulnerability Assessment 030_F17* at any time.

IV. Community Operational Vulnerability Assessments (COVA)

- A. Every P&P District and CCAP must have a Community Operational Vulnerability Assessment completed by trained employees each calendar year to ensure a comprehensive review of probationer/parolee cases.
 1. All new COVA team members must complete the COVA New Reviewer training prior to serving on a COVA team.
 2. All current team members must complete the COVA Refresher eLearning course each calendar year, prior to participating in the annual COVA assessments.
 3. Team members, after receiving their assigned cases, must provide verification of training completion to the COVA Team Leader within 10 business days.
- B. The Regional Administrator, or designee is responsible for assigning trained employees to serve on COVA teams.
 1. P&P District COVA Teams are composed of:
 - a. a P&P Chief (Team Leader);
 - b. a Deputy Chief P&P Officer;
 - c. a Senior P&P Officer;
 - d. a P&P Officer (include specialized areas, such as sex offender and gang specialists, if possible);
 - e. a Regional Manager; and
 - f. a Re-Entry and Programs Unit employee (Evidence Based Practices (EBP) Manager).
 2. CCAP COVA Teams are composed of:
 - a. a Superintendent (Team Lead);
 - b. an Assistant Superintendent;
 - c. a P&P Officer (include specialized areas, such as sex offender and gang specialists, when possible);
 - d. a Regional Manager;
 - e. a Re-Entry and Programs Unit employee (EBP Manager or CCAP Program Manager); and
 - f. a Corrections Officers assigned to specialized areas, when possible.
 3. Regional Managers and EBP Managers or their designees must be present during all assessments.
- C. Probation and Parole COVA Assessments
 1. The Regional Administrator or designee must create a *Community Operational Vulnerability Assessment* schedule prior to each evaluation year and distribute it to:
 - a. Chief P&P Officers;
 - b. the Regional Manager – Community Corrections;
 - c. the EBP Manager; and
 - d. the CCAP Program Manager.



2. The Chief P&P Officer must determine the number of members required for the assessment team based on the size of the P&P District caseload.
3. COVA team members must utilize the below documents each calendar year to assess the quality of P&P case reviews and supervision:
 - a. *Community Operational Vulnerability Assessment Checklist 030_F18*; and
 - b. Attachment 5, *Community Operational Vulnerability Assessments Scoring Guide*.
4. Each COVA team member must:
 - a. complete the *P&P District Community Operational Vulnerability Assessment Tally Sheet 030_F26* to compile the *Community Operational Vulnerability Assessment Checklists 030_F18* results;
 - b. summarize the results on a *Community Operational Vulnerability Assessment Summary 030_F19*; and
 - c. submit the completed *Community Operational Vulnerability Assessment Summary 030_F19* to the Chief P&P Officer.
5. The Regional Manager must:
 - a. complete the *P&P District Community Operational Vulnerability Assessment Regional Overview 030_F22* by December 31; and
 - b. forward the completed regional review to the Regional Administrator for review and final approval.
6. The approved *P&P District Community Operational Vulnerability Assessment Regional Overview 030_F22* must be submitted to the Deputy Director for Community Corrections by January 15, each calendar year.

D. Community Corrections Alternative Programs (CCAPs) COVA Assessments

1. The Regional Administrator or designee must create a *Community Operational Vulnerability Assessment* schedule prior to each evaluation year and distribute it to the Superintendents.
2. A Superintendent, designated by the Regional Administrator, must:
 - a. serve as the Assessment Team Leader;
 - b. decide on assessment team members; and
 - c. request additional files for review if the COVA team needs additional information to complete a thorough assessment.
3. COVA team members must:
 - a. review 25 CCAP cases randomly selected from the site;
 - b. utilize the below documents to gather information and assess the quality of CCAP case reviews and supervision each calendar year:
 - i. *CCAP (WRNA) Community Operational Vulnerability Assessment Checklist 030_F32* for female sites;
 - ii. *CCAP (RNA) Community Operational Vulnerability Assessment Checklist 030_F33* for male sites; and
 - iii. Attachment 6, *CCAP Community Operational Vulnerability Assessments Scoring Guide*;
 - c. document the results on the:
 - i. *CCAP (WRNA) Community Operational Vulnerability Assessment Tally Sheet 030_F35*; or
 - ii. *CCAP (RNA) Community Operational Vulnerability Assessment Tally Sheet 030_F36*;
 - d. enter their findings on the *CCAP Community Operational Vulnerability Assessment Summary 030_F34*; and
 - e. report the results to the Superintendent using the *CCAP Community Operational Vulnerability Assessment Summary 030_F34*.
4. The probationer/parolee must have entered the CCAP at a minimum of 6 months prior to the



assessment and may have already returned to the community.

5. Regional Managers must:
 - a. complete the *CCAP Community Operational Vulnerability Assessment Overview 030_F37* by December 31; and
 - b. forward the *CCAP Community Operational Vulnerability Assessment Overview 030_F37* to the Regional Administrators for review and final approval.
6. The approved *CCAP Community Vulnerability Assessment Regional Overview* must be submitted to the Deputy Director for Community Corrections by January 15, each calendar year.

V. Other Assessments

A. Annual Program Evaluations

1. EBP and Skills Development Programs offered at a facility are based on the specific needs of the inmate population.
2. Facility programs are analyzed and evaluated annually to determine if the programs and services offered at a facility address the needs of the inmate population in accordance with Operating Procedure 841.1, *Inmate Programs*.

B. Program Quality and Fidelity

1. Each month, the Institutional Program Manager (IPM) or designee must conduct fidelity reviews on eight percent of the inmate population using the *Institution Fidelity Review Guidelines 841_F19*.
2. The Fidelity and Program Quality Assurance Unit and the Programs, Education and Re-entry Unit will conduct program fidelity assessments as needed.

C. Case Reviews

P&P Supervisors must conduct case reviews on probationer/parolee case work in accordance with Operating Procedure 920.1, *Community Case Opening, Supervision and Transfer*.

D. Health Care Reviews and Quality Assurance.

1. The peer review program for DOC medical, psychiatric, mental health, and dental employees is managed in accordance with Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program* by the:
 - a. Chief Medical Officer;
 - b. Chief Psychiatrist;
 - c. Chief of Mental Health and Wellness Services; and
 - d. Chief Dentist.
2. An external peer review is conducted every two years on all Physicians, Psychologists, and Dentists.

E. Operations Efficiency Measures (5-ACI-1A-18)

1. Operations efficiency measures are key indicators that DOC operations are safe and effective.
2. The Research Unit will develop, collect, and report on the operations efficiency measures biannually.
3. Organizational Unit Heads are required to submit efficiency measurements not available in DOC databases to the Research Unit quarterly.

F. DOC Strategic Plan

The Research Unit will collect, analyze, and report any updates to the performance measurements provided in the DOC Strategic Plan each calendar year.



VI. Internal Audit Quality Assurance and Improvement Program

- A. The Quality Assurance and Improvement Program (QAIP) provides for internal and external assessments of the Internal Audit Unit's operations in accordance with Operating Procedure 030.2, *Internal Audit*.
- B. The Internal Audit Unit conducts the following audits of DOC operations:
 - 1. Financial Audits;
 - 2. Compliance Audits;
 - 3. Operational Audits;
 - 4. Special Projects;
 - 5. Information Technology (IT) Audits; and
 - 6. State Fraud, Waste, and Abuse Hotline Audits and Investigations by request of the Office of the State Inspector General.

VII. Disclosure of Vulnerability Assessments and Associated Documents

- A. The below listed assessments and supporting documentation are excluded from disclosure under the Virginia Freedom of Information Act (FOIA) in accordance with COV §2.2-3705.2(14b), *Exclusions to application of chapter; records relating to public safety*.
 - 1. *Security Vulnerability Assessment – Institutions;*
 - 2. *Mandatory Standards Vulnerability Reassessment – Institutions;*
 - 3. *Security Vulnerability Assessment - Community Corrections Alternative Programs;*
 - 4. *Mandatory Standards Vulnerability Reassessment – Community;*
 - 5. *Community Operational Vulnerability Assessments Scoring Guide;* and
 - 6. *CCAP Community Operational Vulnerability Assessments Scoring Guide.*
- B. Employees are prohibited from disseminating, printing, or copying any part of the documents and must forward all requests to the DOC FOIA Office for review and, when required, redaction in accordance with Operating Procedure 025.1, *Public Access to DOC Public Records*.

REFERENCES

28 CFR Part 115, *Prison Rape Elimination Act National Standards*

34 U.S.C., Chapter 303, *Prison Rape Elimination*

COV §2.2-3705.2(14b), *Exclusions to application of chapter; records relating to public safety*

COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion*

Operating Procedure 025.1, *Public Access to DOC Public Records*

Operating Procedure 030.2, *Internal Audit*

Operating Procedure 240.1, *Travel*

Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*

Operating Procedure 730.3, *Mental Health Services: Levels of Service*

Operating procedure 735.2, *Sex Offender Treatment Services (Institutions)*

Operating Procedure 841.1, *Inmate Programs*

Operating Procedure 920.1, *Community Case Opening, Supervision and Transfer*

Performance-Based Standards and Expected Practices for Adult Correctional Institutions

Performance-Based Standards for Adult Community Residential Services



Performance-Based Standards for Adult Probation and Parole Field Services

Performance-Based Standards for Correctional Industries

Standards for Administration of Correctional Agencies

Standards for Correctional Training Academies

ATTACHMENTS

Attachment 1, Security Vulnerability Assessment - Institutions

Attachment 2, Security Vulnerability Assessment - Community Corrections Alternative Programs

Attachment 3, Mandatory Standards Vulnerability Reassessment - Institutions

Attachment 4, Mandatory Standards Vulnerability Reassessment - CCAP

Attachment 5, Community Operational Vulnerability Assessments Scoring Guide

Attachment 6, CCAP Community Operational Vulnerability Assessments Scoring Guide

FORM CITATIONS

Procedure Variance Request 010_F11

Report of Security Vulnerability Self-Assessment 030_F15

Corrective Action Plan 030_F16

Staff Safety and Security Vulnerability Assessment 030_F17

Community Operational Vulnerability Assessment Checklist 030_F18

Community Operational Vulnerability Assessment Summary 030_F19

P&P District Community Operational Vulnerability Assessment Regional Overview 030_F22

P&P District Community Operational Vulnerability Assessment Tally Sheet 030_F26

Report of Security Vulnerability Self-Assessment (CCAP) 030_F31

CCAP (WRNA) Community Operational Vulnerability Assessment Checklist 030_F32

CCAP (RNA) Community Operational Vulnerability Assessment Checklist 030_F33

CCAP Community Operational Vulnerability Assessment Summary 030_F34

CCAP (WRNA) Community Operational Vulnerability Assessment Tally Sheet 030_F35

CCAP (RNA) Community Operational Vulnerability Assessment Tally Sheet 030_F36

CCAP Community Operational Vulnerability Assessment Overview 030_F37

Institution Fidelity Review Guidelines 841_F19

